

**REQUEST FOR PROPOSALS FOR  
HEALTH AND SUPPORT SERVICES FOR  
PERSONS WITH HIV SPECTRUM DISEASE**

**RYAN WHITE - TITLE I  
RFP NO. RW1401**

**ATTENDANCE AT A PRE-PROPOSAL CONFERENCE IS STRONGLY  
RECOMMENDED. THE PRE-PROPOSAL CONFERENCE WILL BE HELD ON  
WEDNESDAY, APRIL 28, 2004, AT 10:00 A.M. (E.S.T.)**

**AT**

**STEPHEN P. CLARK CENTER  
111 NW 1<sup>st</sup> STREET, 18<sup>th</sup> FLOOR CONFERENCE ROOM 18-4  
MIAMI, FLORIDA 33128-1983**

**ISSUING DEPARTMENT:**

**Miami-Dade County, Office of Strategic Business Management  
Ryan White Title I Program  
140 West Flagler Street, Room 1604  
Miami, Florida 33130**

**RFP Contracting Officer: Yocasta Juliao, Project Director  
Telephone: (305) 375-4742 Fax: (305) 375-4454**

**PROPOSALS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN**

**Friday, May 14, 2004, at 2:00 P.M. (E.S.T.)**

**AT**

**CLERK OF THE BOARD OF COUNTY COMMISSIONERS  
STEPHEN P. CLARK CENTER  
111 N.W. 1<sup>st</sup> STREET, 17TH FLOOR, SUITE 202  
MIAMI, FLORIDA 33128 -1983**

**PROPOSALS WILL BE OPENED PROMPTLY AT THE TIME AND PLACE SPECIFIED. PROPOSALS RECEIVED AFTER THE FIRST PROPOSAL HAS BEEN OPENED WILL NOT BE OPENED AND WILL NOT BE CONSIDERED. THE RESPONSIBILITY FOR SUBMITTING A PROPOSAL TO THE CLERK OF THE BOARD OF COUNTY COMMISSIONERS ON OR BEFORE THE STATED TIME AND DATE WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE PROPOSER. MIAMI-DADE COUNTY IS NOT RESPONSIBLE FOR DELAYS CAUSED BY ANY MAIL, PACKAGE OR COURIER SERVICE, INCLUDING THE U.S. MAIL, OR CAUSED BY ANY OTHER OCCURRENCE.**

**MIAMI-DADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON AGE, GENDER, RACE, OR DISABILITY.**

**Visit the County Department of Procurement Management Website:  
<http://www.miamidade.gov/dpm>**

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## **DEFINITIONS**

The following words and expressions used in this Solicitation (i.e., RFP) shall be construed as follows, except when it is clear from the context that another meaning is intended:

- 1) The words “Contractor” or “Provider” to mean the Proposer that received any award of a Contract from the County as a result of this RFP, which is also to be known as “the Prime Contractor,” “the Prime Consultant,” or “the Service Provider.”
- 2) The word “County” to mean Miami-Dade County, a political subdivision of the State of Florida.
- 3) The word “Department” to mean the Office of Strategic Business Management.
- 4) The words “Proposer,” “Submitter,” or “Respondent” to mean the person, firm, entity or organization submitting a response to this RFP.
- 5) The words “Scope of Services” or “Scope of Work” to mean Section 2.0 of this RFP, which details the work to be performed by the Contractor or Provider.
- 6) The word “Solicitation” to mean this Request for Proposal (RFP) document and all associated addenda and attachments.
- 7) The words “Subcontractor” or “Subconsultant” to mean any person, firm, entity or organization, other than the employees of the Contractor or Provider, who contracts with the Contractor or Provider to furnish labor, or labor and materials, in connection with the work or services to the County, whether directly or indirectly, on behalf of the Contractor or Provider.
- 8) The words “Work,” “Services,” “Program,” “Project,” or “Engagement” to mean all matters and things that will be required to be done by the Contractor in accordance with the Scope of Services and the terms and conditions of this RFP (i.e., Solicitation).
- 9) The words “Work Order” to mean a document that defines and describes the parameters of individual projects assigned or awarded by the County to the Contractor in accordance to the terms of the Contract.

## SECTION 1.0 - RFP OVERVIEW AND PROPOSAL PROCEDURES

### 1.1 INTRODUCTION/BACKGROUND

Miami-Dade County, hereinafter referred to as the "County," as represented by the Miami-Dade Office of Strategic Business Management, is requesting/soliciting proposals from one or more qualified public or private non-profit and for-profit health and support service providers, hereinafter referred to as the "Proposer," to provide the following services to persons with HIV spectrum disease: 1) prescription drugs; 2) Minority AIDS Initiative ("MAI") prescription drugs; 3) substance abuse counseling - residential; 4) MAI substance abuse counseling - residential; and, 5) health insurance services (assistance with payment of insurance premiums through the AIDS Insurance Continuation Program, insurance deductibles, and prescription drugs co-payments).

It should be noted that during past funding years, the County was able to award contracts to private for-profit entities that submitted qualified proposed service programs eligible for Title I funding. However, based on the 1996 reauthorization of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act, Title I funds may not be awarded to private for-profit entities, unless such entities are the "only available provider of quality HIV care in the area." [SEC 2604(b)(2)(A); SEC 2613(a)(1)]. Please refer to **Attachments 1 and 1a** for additional information regarding this legislation. Private not-for-profit service providers must be able to show proof of such status by submitting appropriate documentation in the name of the proposing organization and any subcontractors, if applicable, as part of the proposal (i.e., a Letter of Determination issued by the Internal Revenue Service stating not-for-profit status).

It is anticipated that the County will enter into more than one contract as a result of this RFP process. The initial term of the contract to be awarded shall commence no later than sixty (60) days after July 27, 2004, the anticipated date of approval by the Board of County Commissioners, and continuing through February 28, 2005 with possible options to renew. The maximum, total dollar amount available in this RFP is approximately \$1.355 million. The maximum funding allocation for each service is indicated as part of the service definition.

Miami-Dade County receives federal funds from the Title I - HIV Emergency Relief Grant under the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act of 1990, as amended in 1996 and 2000. This legislation represents the largest dollar investment made by the federal government specifically for the provision of services for poor or underserved members of the population with HIV infection. The purpose of the Act is to improve the quality and availability of care for individuals and families with HIV disease and establish services for HIV and AIDS patients who would otherwise have no access to health care.

Title I of this Act directs grant assistance to metropolitan areas with the largest numbers of reported cases of AIDS to meet emergency service needs. The Board of County Commissioners authorized the County Manager to apply for, receive, and subsequently disburse these funds. In accordance with the terms of Title I of the Ryan White C.A.R.E.

Act, the Board of County Commissioners also created and established the Miami-Dade HIV/AIDS Partnership (Partnership), whose purpose is to determine the needs and service priorities in our community in order to properly allocate these funds; develop a comprehensive plan for the delivery of HIV health services; and assess the efficiency of the administrative mechanisms to rapidly allocate funds to the areas of greatest need.

Miami-Dade County received \$25.540 million in total funding for FY 2004 –05 (March 1, 2004 – February 28, 2005) from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Community members, members of the Miami-Dade HIV/AIDS Partnership, and persons living with HIV spectrum disease participated in interviews, surveys, focus groups, and a quantified needs assessment, which led to the development of the information utilized by the Partnership to establish service priorities, service descriptions, price caps, medical and economic client eligibility requirements, and the standards of service discussed in this RFP.

Miami-Dade County is issuing this RFP for services funded under Title I of the C.A.R.E. Act. It is the County's intention to solicit proposals from as many respondents as are interested, to evaluate the proposals, to conduct oral presentations if necessary, to verify the information presented and to negotiate and award agreements to the top ranked Proposers selected for funding. Proposers may respond to any one service, all services, or any combination thereof.

***Proposers MUST have relevant experience in the service(s) for which they are applying for funds.***

## **1.2 RFP TIMETABLE**

The anticipated schedule for this RFP and contract approval is as follows:

1. RFP available for distribution (1:00 P.M. E.S.T.)..... 04/23/04
2. Pre-Proposal Conference (10 A.M. E.S.T.)..... 04/28/04  
(See Section 1.5 for location)
3. Deadline for receipt of written questions (5:00 P.M. E.S.T.)..... 04/30/04
4. Deadline for receipt of proposals (2:00 P.M. E.S.T.)..... 05/14/04  
(See Section 1.4 for location)
5. Evaluation/Selection process..... 05/19/04 – 06/02/04
6. Oral presentations, if conducted.....TBA
7. Projected award date..... 07/27/04
8. Projected contract start date..... 09/27/04 or earlier

## **1.3 RFP AVAILABILITY**

Copies of this RFP may be obtained by contacting or visiting:

Yocasta Juliao, Project Director  
Ryan White Title I Program  
Office of Strategic Business Management  
140 West Flagler Street, Room 1604  
Miami, Florida 33130  
(305) 375-4742

To request the RFP document through the United States Postal Service, mail your request with the following information: the RFP number and title, the name of Proposer's contact person, Proposer's name, complete address to be mailed to, telephone number and fax number.

Proposers or Respondents who obtain copies of this RFP from sources other than the County's Office of Strategic Business Management risk the potential of not receiving addenda, since their names will not be included on the list of organizations participating in the process for this particular RFP. Such Proposers or Respondents are solely responsible for those risks (see Section 1.8).

#### **1.4 PROPOSAL SUBMISSION**

***All proposals MUST be submitted on 8 ½" X 11" paper, neatly typed on one side only, with normal margins and spacing. An unbound, one-sided original and fifteen (15) unbound copies (a total of 16) of the complete proposal must be received by Friday, May 14, 2004, at 2:00 P.M. (E.S.T.). The proposal will be opened by the issuing department in conjunction with the Clerk of the Board at 2:00 p.m. the same day. The original and all copies must be submitted in a sealed envelope or container stating on the outside the Proposer's name, address, telephone number, the RFP number (No. RW1401), the RFP title ("Health and Support Services for Persons with HIV Spectrum Disease"), and the proposal due date of Friday, May 14, 2004 to:***

Miami-Dade County  
Clerk of the Board of County Commissioners  
Stephen P. Clark Center  
111 N.W. 1st Street, 17th Floor, Suite 202  
Miami, Florida 33128 –1983

Hand-carried proposals may be delivered to the above address **ONLY** between the hours of 8:00 A.M. and 4:30 P.M., Mondays through Fridays (however, please note that proposals are due at the Clerk of the Board of County Commissioners' Office no later than the date and time indicated in Section 1.2. Additionally, the Clerk of the Board is closed on holidays observed by the County). Proposers are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope(s) used by such service.



The Proposal Title Page (**Attachment 2**) and the Price Forms (**Attachments 20-20c and 21-22b**) **MUST** be signed by an authorized officer of the Proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer, and the Proposer **MUST** affix the organization's corporate seal to these documents. In the absence of a corporate seal, the Proposal Title Page and Price Forms **MUST** be notarized by a Notary Public. The original copy of the proposal **MUST** be clearly marked as such on the envelope and on the Proposal Title Page. Additional signed copies do not need to bear original signatures, corporate seal, and/or be notarized.

The submittal of a proposal by a Proposer will be considered by the County as constituting an offer by the Proposer to perform the required service(s) at the stated fee(s)/price(s).

### **1.5 PRE-PROPOSAL CONFERENCE/EXAMINATION OF SITE**

A Pre-Proposal Conference has been scheduled for Wednesday, April 28, 2004 10:00 A.M. (EST). The conference will be held at the following location:

Stephen P. Clark Center  
111 NW 1<sup>st</sup> Street, 18<sup>th</sup> Floor Conference Room 18-4  
Miami, Florida 33128-1983

Attendance at the Pre-Proposal Conference is **strongly recommended**, but not mandatory. Proposers interested in attending the conference are expected to inform the RFP Contracting Officer no later than 24 hours before the scheduled date. Proposers are encouraged to submit any questions in writing to the RFP Contracting Officer, Yocasta Juliao, Project Director, Ryan White Title I Program, at the Office of Strategic Business Management, Fax # (305) 375-4454 (**see Section 1.6**). Questions must be submitted by the deadline indicated in the RFP Timetable (**see Section 1.2**).

**A site visit will not be required.**

### **1.6 CONE OF SILENCE**

Pursuant to Section 2-11.1(t) of the Miami-Dade County Code, as amended, a "Cone of Silence" is imposed upon each RFP or RFQ after advertisement and terminates at the time the County Manager issues a written recommendation to the Board of County Commissioners. The Cone of Silence **prohibits any communication** regarding RFPs or RFQs between, among others:

- potential proposers, service providers, lobbyists or consultants **and** the County's professional staff, including, but not limited to, the County Manager and the County Manager's staff, the Mayor, County Commissioners or their respective staffs;
- the Mayor, County Commissioners or their respective staffs **and** the County's professional staff including, but not limited to, the County Manager and the County

- Manager's staff; or
- potential proposers, service providers, lobbyists or consultants, any member of the County's professional staff, the Mayor, County Commissioners or their respective staffs **and** any member of the respective selection committee.

The provisions do not apply to, among other communications:

- oral communications with the staff of the Vendor Information Center, the responsible Procurement Agent or Contracting Officer, provided the communication is limited strictly to matters of process or procedure already contained in the RFP document;
- oral communications at pre-proposal conferences, oral presentations before selection committees, contract negotiations during any duly noticed public meeting, public presentations made to the Board of County Commissioners during any duly noticed public meeting; or
- communications in writing at any time with any County employees, official or member of the Board of County Commissioners unless specifically prohibited by the applicable RFP or RFQ documents.

Proposers must file a copy of any written communications with the Clerk of the Board, which shall be made available to any person upon request. The County shall respond in writing and file a copy with the Clerk of the Board, which shall be made available to any person upon request. Written communications may be in the form of e-mail, with a copy to the Clerk of the Board at [CLERKBCC@MIAMIDADE.GOV](mailto:CLERKBCC@MIAMIDADE.GOV).

In addition to any other penalties provided by law, violation of the Cone of Silence by any proposer shall render any RFP award or RFQ award voidable. Any person having personal knowledge of a violation of these provisions shall report such violation to the State Attorney and/or may file a complaint with the Ethics Commission. Proposers should reference Section 2-11.1(t) of the Miami-Dade County Code for further clarification.

This language is only a summary of the key provisions of the Cone of Silence. Please review Miami-Dade County Administrative Order 3-27 for a complete and thorough description of the Cone of Silence.

All proposers will be notified in writing when the County Manager makes an award recommendation to the Board of County Commissioners.

The Contracting Officer for this RFP is Ms. Yocasta Juliao, Project Director, Ryan White Title I Program, Miami-Dade County Office of Strategic Business Management, 140 West Flagler Street, Room 1604, Miami, Florida 33130, telephone number (305) 375-4742, fax number (305) 375-4454.

## **1.7 CONTRACT MEASURES**

No Black/Hispanic/Women Business Enterprise measures have been assigned to this RFP.

### **1.8 ADDITIONAL INFORMATION / ADDENDA**

Requests for additional information or clarifications **MUST** be made in writing and received by the County's Contracting Officer for this RFP, in accordance with Section 1.6 above, no later than the deadline for receipt of questions specified in the RFP Timetable (**see Section 1.2**). The request **MUST** contain the RFP number and title, Proposer's name, name of Proposer's contact person, address, phone number, and facsimile number.

Electronic facsimile requesting additional information will be received by the RFP Contracting Officer at the fax number specified in Section 1.6 above. Facsimiles **MUST** have a cover sheet which includes, at a minimum, the Proposer's name, name of Proposer's contact person, address, number of pages transmitted, phone number, facsimile number, and RFP number and title.

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the proposal due date. Proposers should not rely on any representations, statements or explanations other than those made in this RFP or in any written addendum to this RFP. Where there appears to be conflict between the RFP and any addenda issued, the last addendum issued shall prevail.

It is the Proposer's responsibility to assure receipt of all addenda. The Proposer should verify with the designated RFP Contracting Officer prior to submitting a proposal that all addenda have been received. Proposers are required to acknowledge the number of addenda received as part of their proposals (**Attachment 3**).

Proposers who obtain copies of this RFP from sources other than the County's Office of Strategic Business Management risk the potential of not receiving addenda, since their names will not be included on the vendor distribution list for this particular RFP. Such Proposers are solely responsible for those risks.

### **1.9 PROPOSAL GUARANTEE DEPOSIT**

No Proposal Guarantee Deposit is required for this RFP.

### **1.10 MODIFIED PROPOSALS**

A Proposer may submit a modified proposal to replace all or any portion of a previously submitted proposal up until the proposal due date and time. The Evaluation/Selection Committee will only consider the latest version of the proposal.

### **1.11 WITHDRAWAL OF PROPOSALS**

Proposals shall be irrevocable until contract award unless the proposal is withdrawn. A proposal may be withdrawn in writing only, addressed to the County Contracting Officer for

this RFP (**in accordance with Section 1.6**), prior to the proposal due date and time or upon the expiration of **ONE HUNDRED EIGHTY (180)** calendar days after the opening of proposals.

**1.12      LATE PROPOSALS, LATE MODIFICATIONS AND LATE WITHDRAWALS**

Proposals received after the proposal due date and time are late and will **NOT** be considered. Modifications received after the proposal due date and time are also late and will not be considered. Letters of withdrawal received either after the proposal due date and time or after contract award, whichever is applicable, are late and will **NOT** be considered.

Proposals will be opened promptly at the time and place specified. Proposals received after the first proposal has been opened will **NOT** be opened and will **NOT** be considered. The responsibility for submitting a proposal to the Clerk of the Board on or before the stated time and date is solely and strictly the responsibility of the Proposer. Miami-Dade County is **NOT** responsible for delays caused by any mail, package or courier service, including the U.S. mail, or caused by any other occurrence.

**1.13      RFP POSTPONEMENT/CANCELLATION**

The County may, at its sole and absolute discretion, reject any and all, or parts of any and all proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in the proposals received as a result of this RFP.

**1.14      COSTS INCURRED BY PROPOSERS**

All expenses involved with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by the Proposer(s). No payment will be made for any responses received, nor for any other effort required of or made by the Proposer(s) prior to commencement of work as defined by a contract approved by the Board of County Commissioners.

**1.15      BUSINESS ENTITY REGISTRATION**

Miami-Dade County requires business entities to complete a registration application with the Department of Procurement Management before doing business with the County. Proposers need not register with the County to present a proposal; however, the selected Proposer(s) must register prior to award of a contract, as failure to register may result in the rejection of the Proposal. To register, or for assistance in registering, contact the Vendor Information Center (305) 375-5773.

It is the responsibility of the business entity to update and renew its application concerning any changes, such as new address, telephone number, commodities, etc. during the performance of any agreement obtained as a result of this RFP.

Section 2-11.1(d) of Miami-Dade County Code as amended by Ordinance 00-1, requires any county employee or any member of the employee's immediate family who has a controlling financial interest, direct or indirect, with Miami-Dade County or any person or agency acting for Miami-Dade County from competing or applying for any such contract as it pertains to this RFP, must first request a conflict of interest opinion from the County's Ethics Commission prior to their or their immediate family member's entering into any contract or transacting any business through a firm, corporation, partnership or business entity in which the employee or any member of the employee's immediate family has a controlling financial interest, direct or indirect, with Miami-Dade County or any person or agency acting for Miami-Dade County and that any such contract, agreement or business engagement entered in violation of this subsection, as amended, shall render this Agreement voidable. For additional information, please contact the Ethics Commission hotline at (305) 579-2593.

#### **1.16 ORAL PRESENTATIONS**

The County may require Proposers to give oral presentations, if necessary, in support of their proposals or to exhibit or otherwise demonstrate the information contained therein. If required, the presentations will be announced as indicated in this RFP Timetable (**see Section 1.2**).

#### **1.17 PROPOSER REGISTRATION AFFIDAVIT**

Proposers are advised that in accordance with Section 2-11.1 (s) of the Code of Miami-Dade County, the attached Affidavit of Miami-Dade County Lobbyist Registration for Oral Presentation (**Attachment 4**) **MUST** be completed, notarized and included with the proposal submission. Lobbyists specifically include the principal, as well as any agent, officer or employee of a principal, regardless of whether such lobbying activities fall within the normal scope of employment of such agent, officer or employee.

Individuals substituted for or added to the presentation team after submittal of the proposal and filing by staff, **MUST** register with the Clerk of the Board and pay all applicable fees.

**NOTE:** Other than for the oral presentation, Proposers who wish to address the Board of County Commissioners, County Board or Committee concerning any actions, decisions or recommendations of County personnel regarding this RFP in accordance with Section 2-11.1(s) of The Code of Miami-Dade County, Florida and Ordinance 01-162 must register with the Clerk of the Board (**Form BCCFORM2DOC**) and pay all applicable fees.

#### **1.18 EXCEPTIONS TO THE RFP**

Proposers may take exceptions to any of the terms of this RFP unless the RFP specifically states where exceptions may not be taken. All exceptions taken must be specific, and the Proposer must indicate clearly what alternative is being offered to allow the County a meaningful opportunity to evaluate and rank proposals, and the cost implications of the

exception (if any).

Where exceptions are taken, the County shall determine the acceptability of the proposed exceptions. The County, after completing evaluations, may accept or reject the exceptions. Where exceptions are rejected, the County may insist that the Proposer furnish the services or goods described herein, or negotiate an acceptable alternative.

All exceptions shall be referenced by utilizing the corresponding Section, paragraph and page number in this RFP. However, the County is under no obligation to accept any exceptions. If no exception is stated, the County will assume that the Proposer will accept all terms and conditions.

#### **1.19 PROPRIETARY / CONFIDENTIAL INFORMATION**

Proposers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection after opening of proposals, in compliance with Chapter 119, Florida Statutes, popularly known as the "Public Record Law."

**The Proposer shall not submit any information in response to this RFP, which the Proposer considers to be a trade secret, proprietary or confidential. The submission of any information to the County in connection with this RFP shall be deemed conclusively to be a waiver of any trade secret or other protection, which would otherwise be available to Proposer. In the event that the Proposer submits information to the County in violation of this restriction, either inadvertently or intentionally, and clearly identifies that information in the proposal as protected or confidential, the County shall endeavor to redact and return that information to the Proposer as quickly as possible, and if appropriate, evaluate the balance of the proposal. The redaction or return of information pursuant to this clause may render a proposal nonresponsive.**

#### **1.20 NEGOTIATIONS**

The County may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the Proposer's best terms from a monetary standpoint.

The County reserves the right to enter into contract negotiations with the selected Proposer(s). If the County and the selected Proposer(s) cannot negotiate successful contracts, the County may terminate said negotiations and begin negotiations with another selected Proposer(s). This process will continue until contracts acceptable to the County have been executed or all Proposals are rejected. No Proposers shall have any rights against the County arising from such negotiations or termination thereof.

#### **1.21 RIGHTS OF PROTEST**

Any Proposer may protest any recommendations for contract award or rejection of all proposals in accordance with the procedures contained in **Attachment 5** of this RFP. Due

to specific Federal requirements on the grievance process implemented by grantees of Title I funds, Proposer(s) are advised that this process must be utilized to file a protest or grievance. Any remedies that result from the grievance process will be prospective in nature. Please refer to **Attachment 5** for additional information on the Miami-Dade County Ryan White Title I Grantee Grievance Procedures and Process.

### **1.22 LOCAL PREFERENCE**

The evaluation and ranking of proposals is subject to Ordinance 01-21 and Resolution No. R-514-02, which, except where Federal and State law mandates to the contrary, provides that a preference be given to a local Proposer if in the final ranking it is within 5% of the highest ranked Proposer and the highest ranked Proposer is a non-local business. Local business means the proposer, has a valid occupational license issued by Miami-Dade County or Broward County, at least one year prior to the proposal due date, to do business in Miami-Dade County that authorizes the business to provide the goods, services or construction to be purchased, and a physical business address located within the limits of Miami-Dade or Broward County from which the vendor operates or performs business. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address. If the County extends local preferences to other counties, those counties will participate in local preference considerations.

The Proposer should complete, sign and submit **Attachment 6**, "Local Business Preference," with the technical proposal in order to be considered for Local Preference.

### **1.23 RULES, REGULATIONS, AND LICENSING REQUIREMENTS**

The Proposer shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, especially those applicable to conflict of interest and collusion. Proposers are presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules and regulations that may in any way affect the goods or services offered, especially Executive Order No. 11246 entitled "Equal Employment Opportunity" and as amended by Executive Order No. 11375, as supplemented by the Department of Labor Regulations (41 CFR, Part 60), the Americans with Disabilities Act of 1990 and implementing regulations, the Rehabilitation Act of 1973, as amended, Chapter 553 of Florida Statutes and any and all other local, state and federal directives, ordinances, rules, orders and laws relating to people with disabilities.

### **1.24 REVIEW OF PROPOSALS FOR RESPONSIVENESS**

Each proposal will be reviewed to determine if the proposal is responsive to the submission requirements outlined in the RFP. A responsive proposal is one which follows the requirements of the RFP, includes all documentation, is submitted in the format outlined in the RFP, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may result in a proposal being deemed non-responsive.

### **1.25 CRIMINAL CONVICTION**

Pursuant to Miami-Dade County Ordinance No. 94-34, "Any individual who has been convicted of a felony during the past ten years and any corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten years shall disclose this information prior to entering into a contract with or receiving funding from the County." Accordingly, Criminal Record Affidavit forms are available upon request at the Department of Procurement Management/Vendor Information Center at (305) 375-5773 for those individuals or firms requesting to disclose this information only.

### **1.26 QUARTERLY REPORTING WHEN SUB-CONTRACTORS ARE UTILIZED**

Proposer(s) are advised that when subcontractors or subconsultants are utilized to fulfill the terms and conditions of this contract, Miami-Dade County Resolution No. 1634-93 will apply to this contract. This resolution requires the selected Proposer to file quarterly reports as to the amount of contract monies received from the County and the amounts thereof that have been paid by the contractor directly to Black, Hispanic and Women Owned businesses performing part of the contract work.

Additionally, the listed businesses are required to sign the reports, verifying their participation in the contract work and their receipt of such monies. For purposes of applicability, the requirements of this resolution shall be in addition to any other reporting requirements required by law, ordinance or administrative order.

### **1.27 INSPECTOR GENERAL REVIEWS**

#### **A. Independent Private Sector Inspector General Review**

Pursuant to Miami-Dade County Administrative Order 3-20 and in connection with any award issued as a result of this RFP, the County has the right to retain the services of an Independent Private Sector Inspector General ("IPSIG"), whenever the County deems it appropriate to do so. Upon written notice from the County, the selected Proposer shall make available, to the IPSIG retained by the County, all requested records and documentation pertaining to this RFP or any subsequent award, for inspection and copying. The County will be responsible for the payment of these IPSIG services, and under no circumstance shall the Proposer's cost/price for this RFP be inclusive of any charges relating to these IPSIG services. The terms of this provision herein, apply to the Proposer, its officers, agents, employees and assignees. Nothing contained in this provision shall impair any independent right of the County to conduct, audit or investigate the operations, activities and performance of the selected Proposer in connection with this RFP or any contract issued as a result of this RFP. The terms of this provision are neither intended nor shall they be construed to impose any liability on the County by the selected Proposer or third party.

#### **B. Miami-Dade County Inspector General Review**



According to Section 2-1076 of the Code of Miami-Dade County, as amended by Ordinance No. 99-63, Miami-Dade County has established the Office of the Inspector General which may, on a random basis, perform audits on all County contracts, throughout the duration of said contracts, except as otherwise provided below. The cost of the audit on any contract issued as a result of this RFP shall be one quarter (1/4) of one (1) percent of the total contract amount which cost shall be included in the total proposed amount. The audit cost will be deducted by the County from progress payments to the selected Proposer. The audit cost shall also be included in all change orders and all contract renewals and extensions.

**Exception:** The above application of one quarter (1/4) of one percent fee assessment shall not apply to the following contracts: (a) IPSIG contracts; (b) contracts for legal services; (c) contracts for financial advisory services; (d) auditing contracts; (e) facility rentals and lease agreements; (f) concessions and other rental agreements; (g) insurance contracts; (h) revenue-generating contracts; (i) contracts where an IPSIG is assigned at the time the contract is approved by the Commission; (j) professional service agreements under \$1,000; (k) management agreements; (l) small purchase orders as defined in Miami-Dade County Administrative Order 3-2; **(m) federal, state and local government-funded grants;** and (n) interlocal agreements. **Notwithstanding the foregoing, the Miami-Dade County Board of County Commissioners may authorize the inclusion of the fee assessment of one quarter (1/4) of one percent in any exempted contract at the time of award.**

Nothing contained above shall in any way limit the powers of the Inspector General to perform audits on all County contracts, including, but not limited, to those contracts specifically exempted above.

## **1.28 PUBLIC ENTITY CRIMES**

Pursuant to Paragraph 2(a) of Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal for a contract to provide any goods or services to a public entity; may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work; may not submit proposals on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and, may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO (\$10,000) for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

## **1.29 REQUIRED LISTING OF SUBCONTRACTORS AND SUPPLIERS ON COUNTY CONTRACTS**

Miami-Dade County Ordinance 97-104, amended by Ordinance 00-30, requires a bid or proposal for a County or Public Health Trust contract involving the expenditure of \$100,000 or more to include a listing of subcontractors and suppliers who will be used on the contract. The required listing must be filed prior to the contract award. The required listing must be submitted even though the Proposer will not utilize subcontractors or suppliers on the contract. In the latter case, the listing must expressly state no subcontractors, or suppliers, as the case may be, will be used on the contract.

**ATTACHMENT 7, OR A COMPARABLE LISTING MEETING THE REQUIREMENTS OF ORDINANCE NO. 97-104, AS AMENDED BY ORDINANCE NO. 00-30, MUST BE COMPLETED AND SUBMITTED EVEN THOUGH THE PROPOSER(S) MAY NOT UTILIZE SUBCONTRACTORS OR SUPPLIERS FOR THIS PROPOSAL. THE PROPOSER(S) SHOULD ENTER THE WORD "NONE" UNDER THE APPROPRIATE HEADING(S) ON ATTACHMENT 7 IN THOSE INSTANCES WHERE NO SUBCONTRACTORS AND/OR SUPPLIERS WILL BE USED ON THIS PROPOSAL.**

### **1.30 FAIR SUBCONTRACTING POLICIES (Ordinance 97-35)**

All selected Proposers on County contracts in which subcontractors may be used shall be subject to and comply with Ordinance 97-35 as amended, requiring Proposers to provide a detailed statement of their policies and procedures for awarding subcontracts which:

- a) notifies the broadest number of local subcontractors of the opportunity to be awarded a subcontract;
- b) invites local subcontractors to submit bids/proposals in a practical, expedient way;
- c) provides local subcontractors access to information necessary to prepare and formulate a subcontracting bid/proposal;
- d) allows local subcontractors to meet with appropriate personnel of the proposer to discuss the Proposer's requirements; and
- e) awards subcontracts based on full and complete consideration of all submitted proposals and in accordance with the Proposer's stated objectives.

All Proposers seeking to contract with the County shall, as a condition of award, provide a statement of their subcontracting policies and procedures (**see Attachment 8**). Proposers who fail to provide a statement of their policies and procedures may not be recommended by the County Manager for award by the Board of County Commissioners.

The term "local" means having headquarters located in Miami-Dade County or having a place of business located in Miami-Dade County from which the contract or subcontract will be performed.

The term "subcontractor" means a business independent of a Proposer that may agree with the Proposer to perform a portion of a contract.

The term "subcontract" means an agreement between a Proposer and a subcontractor to perform a portion of a contract between the Proposer and the County.

**1.31 AFFIRMATIVE ACTION / NON-DISCRIMINATION OF EMPLOYMENT, PROMOTION AND PROCUREMENT PRACTICES (Ordinance No. 98-30)**

In accordance with the requirements of County Ordinance No. 98-30, all firms with annual gross revenues in excess of \$5 million seeking to contract with Miami-Dade County shall, as a condition of award, have a written Affirmative Action Plan and Procurement Policy on file with the County's Department of Business Development. Said firms must also submit, as a part of their proposals/bids to be filed with the Clerk of the Board, an appropriately completed and signed Affirmative Action Plan/Procurement Policy Affidavit (**see Attachment 9**). Firms whose Board of Directors are representative of the population make-up of the nation are exempt from this requirement and must submit, in writing, a detailed listing of their Boards of Directors, showing the race or ethnicity of each board member, to the County's Department of Business Development. Firms claiming exemption must submit, as part of their proposals/bids to be filed with the Clerk of the Board, an appropriately completed and signed Exemption Affidavit (**see Attachment 10**) in accordance with Ordinance No. 98-30. These submittals shall be subject to periodic reviews to assure that the entities do not discriminate in their employment and procurement practices against minorities and women-owned businesses.

It will be the responsibility of each firm to provide verification of their gross annual revenues to determine the requirement for compliance with the Ordinance. **Those firms that do not exceed \$5 million annual gross revenues must clearly state so in their bid/proposal.**

**1.32 AFFIDAVIT - PAID FEES, TAXES, PARKING TICKETS AND OBLIGATIONS ARE NOT IN ARREARS**

In accordance with Section 2-8.1 (c) of the Miami-Dade County Code, and as amended by County Ordinance No. 00-30, and Section 2-8.1(h) as amended by Ordinance No. 00-67, the Proposer shall certify that all delinquent and currently due fees, taxes and parking tickets have been paid and that the Proposer is not in arrears on obligations to the County (**see Attachment 11**).

### **1.33 CODE OF BUSINESS ETHICS**

In accordance with section 2-8.(1) of the Code of Miami-Dade County each person or entity that seeks to do business with Miami-Dade County shall have or shall adopt a Code of Business Ethics (“Code”) and shall, prior to execution of any contract between the contractor and the County, submit an affidavit stating that the contractor has adopted a Code that complies with the requirements of Section 2-8.1(i) of the Miami-Dade County Code (**Attachment 12**). Any person or entity that fails to submit the required affidavit shall be ineligible for contract award.

### **1.34 BANKRUPTCY**

Any Proposer who, at the time of proposal submission, is involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the Proposer under federal bankruptcy law or any state insolvency law, may be non-responsive.

### **1.35 DOMESTIC VIOLENCE LEAVE AFFIDAVIT**

Prior to entering into any contract with the County, a firm desiring to do business with the County shall, as a condition of award, certify that it is in compliance with the Domestic Leave Ordinance, 99-5 and Section 11A-60 of the Miami-Dade County Code (**Attachment 13**). This Ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during each of twenty (20) or more calendar work weeks in the current or preceding calendar year. In accordance with Resolution R-185-00, the obligation to provide domestic violence leave to employees shall be a contractual obligation. The County shall not enter into a contract with any firm that has not certified its compliance with the Domestic Leave Ordinance. Failure to comply with the requirements of Resolution R-185-00, as well as the Domestic Leave Ordinance may result in the contract being declared void, the contract being terminated and/or the firm being debarred.

### **1.36 ORDINANCES, RESOLUTIONS AND/OR ADMINISTRATIVE ORDERS**

To request a copy of any ordinance, resolution and/or administrative order cited in this Solicitation, the Proposer must contact the **Clerk of the Board at (305) 375-5126**.

### **1.37 DISABILITY NONDISCRIMINATION AFFIDAVIT**

Proposers must complete the attached Disability Nondiscrimination Affidavit (**Attachment 14**) certifying that their organization, and any subcontractor or third party under this project, is in compliance with and agrees to continue to comply with all requirements of the Americans with Disabilities Act (ADA). This shall include but will not be limited to posting a notice informing service recipients and employees that they may file any complaints of ADA violations directly with Miami-Dade County Office of Strategic Business

Management, Ryan White Title I Program, 140 West Flagler Street, Room 1604, Miami, Florida 33130.

### **1.38 DISQUALIFICATION OF PROPOSALS**

Due to Federal requirements, the Proposer(s) MUST submit a categorical (line-item) budget (**Attachment 15**) and narrative justification using the object class categories listed below. (**Attachment 16**) provides a set of guidelines for the preparation of a budget justification as well as examples of allowable direct and indirect costs for each Title I service category. All expenses associated with the provision of the proposed service(s), including indirect costs, must be presented on the budget form using the object class categories identified below. Failure to submit the categorical budget with your proposal will **DISQUALIFY** your submittal from further consideration by the Evaluation/Selection Committee for award of funds.

#### Object Class Categories

1. Personnel
  - Salaries, Fringe benefits
2. Contractual
3. Supplies
4. Travel
5. Equipment
6. Other Direct Costs
7. Total Indirect/Administrative Charges (Proposers are required to identify individual administrative costs under object class categories 1 through 6 above, and indicate the total sum of these costs).

### **1.39 MIAMI-DADE COUNTY VENDOR INFORMATION CENTER**

The Departments of Procurement Management and Business Development are pleased to announce the availability of the Miami-Dade County Vendor Information Center (VIC), located at 111 N.W. 1<sup>st</sup> Street, Suite 112 (Ground Floor), Miami, Florida, 33128 (**Attachment 17**). The VIC provides information and assistance in doing business with Miami-Dade County, vendor registration and certification, and current contracting opportunities Countywide.

In addition, the VIC offers bid and proposal preparation workshops on the 2<sup>nd</sup> and 3<sup>rd</sup> Tuesdays of each month, respectively. These workshops are free of charge. For more information, please call the VIC at (305) 375-5773.

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## SECTION 2.0 SCOPE OF SERVICES

### 2.1 GENERAL PHILOSOPHY OF SERVICE PROVISION (INTRODUCTION / BACKGROUND)

In order to insure comprehensive, continuous, and integrated care, the successful Proposer(s) will be required to commit to a coordinated case management system that promotes high standards of service and care, staff training, and the development of service linkages and referral mechanisms among participating care providers. Proposer(s) should maintain an overall philosophy that HIV infection is a chronic illness in which, with proper management, the client's quality of life can in many cases be improved and maintained over an extended period of time. **The goal is to achieve 100% access to quality care and 0% disparity in health outcomes among HIV/AIDS infected individuals, especially among communities of color.**

### 2.2 PRIORITIES & SERVICE PROVISION REQUIREMENTS

The services included in this RFP will be provided with priority to underserved medically indigent individuals with HIV spectrum disease who meet Federal Poverty Guidelines (**Attachment 18**), and who, after proper screening for eligibility under other benefits program, do not qualify fully/or partially to receive these services outside of Ryan White Title I. Services may also be provided to non-indigent clients, but such clients' economic conditions must meet Federal Poverty Guidelines and be charged fees based on a sliding-fee schedule that meets Federal guidelines. Recipients of Ryan White Title I services must be permanent residents of Miami-Dade County. **No cash may be provided to clients.**

### 2.3 SPECIAL POPULATIONS & GEOGRAPHIC ACCESSIBILITY

Proposer(s) must demonstrate a capability to serve clients from a geographic area beyond that of a local neighborhood, and to do so in keeping with the cultural/ethnic sensitivities of the population(s) to be served. Furthermore, special attention must be given to underserved populations, for example, low-income uninsured and medically indigent individuals and families, including women, children, youth, communities of color particularly the African-American, Haitian and Hispanic communities, pediatric and homeless populations, migrant farm workers, youth, men who have sex with men, hemophiliacs, sex workers and substance abusers.

Special consideration will be given to Proposers that demonstrate the ability to offer service sites located within the major centers of the epidemic in Miami-Dade County or areas that historically have been underserved. According to the Miami-Dade HIV/AIDS Partnership most current Needs Assessment, based on Miami-Dade County Health Department data, the areas (or Life Zones) with the highest numbers of people diagnosed with HIV are: Life Zone IV: Liberty City, North Miami, Little Haiti, El Portal, and Miami Shores; Life Zone V: Brownsville, Model City, Allapattah, and Wynwood; and Life Zone III: Miami Beach. Areas of the County with a large proportion of infections to the general population are Life Zone 1: Hialeah, Miami Lakes, and Miami Springs; Life Zone II: Carol City, Opa Locka,

North Miami Beach; and, Life Zone VI: Little Havana, Overtown, and the Roads.

## **2.4 CLIENT FINANCIAL ELIGIBILITY**

Service providers should consider, as part of the client's financial screening, any and all "out of pocket" medical expenses incurred by the client in relation to his/her care. These expenses must be documented and the appropriate deduction must be made from the client's income in order to accurately determine his/her eligibility for Title I services.

## **2.5 SCOPE OF SERVICES REQUESTED**

To assist Proposers in developing service programs, the anticipated maximum dollar amount available for each service category appears at the end of each service description and a summary of reimbursement rates and client eligibility criteria is provided as **Attachment 19**.

**NOTE:** No exceptions may be taken to the requirements set forth in this section.

**The County is currently seeking public or private (not-for-profit and for-profit) service providers under this Request for Proposals. As a reminder, during past funding years, the County was able to award contracts to private for-profit entities that submitted qualified proposed service programs eligible for Title I funding. However, based on the 1996 reauthorization of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act, Title I funds may not be awarded to private for-profit entities, unless such entities are the "only available provider of quality HIV care in the area." [SEC 2604(b)(2)(A); SEC 2613(a)(1)]. Please refer to Attachments 1 and 1a for additional information regarding this legislation. Private not-for profit service providers must be able to show proof of such status by submitting appropriate documentation in the name of the proposing organization and any subcontractors, if applicable, as part of the proposal (i.e., a Letter of Determination issued by the Internal Revenue Service stating not-for-profit status).**

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**THE FOLLOWING SERVICES ARE AVAILABLE UNDER THIS REQUEST FOR PROPOSALS:**

## **I. Prescription Drugs**

This service includes the provision of injectable and non-injectable Prescription Drugs, pediatric formulations, and non-prescription nutritional supplements, appetite stimulants, and/or related supplies prescribed or ordered by a physician to prolong life, improve health, or prevent deterioration of health for HIV+ persons who do not have prescription drug coverage and who are ineligible for Medicaid or other public sector funding. This service area also includes assistance for the acquisition of non-Medicaid reimbursable drugs, as well as the purchase of consumable medical supplies and durable medical equipment that are required to administer prescribed medications.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

- a. Program Operation Requirements:** Providers are required to provide county-wide delivery, and must specify provisions for home delivery of medications and related supplies and equipment for eligible Title I clients who require this service.

Contracts will further stipulate that the provision of this service may not be limited to an agency's own clients, that the service provider must be linked to an existing case management system through agreements with multiple case management providers, that a Title I Certified Referral (**Attachment 30**) and a Title I Intake Form (**Attachment 26**) must be completed by a case manager and must be attached to the prescription presented by the client or a designee. The Certified Referral Form must include a client ID number traceable to the case management agency initiating the referral and a client CIS number assigned by the Title I Service Delivery Information System. This case management agency would be responsible for collecting and reporting all required documentation and demographic information. Providers will be contractually required to enter into formal referral agreements that will detail responsibilities of both parties and penalties for not complying with the referral agreement.

Providers of prescription drugs services will be expected to educate clients on the importance of complying with their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client. In addition, providers of prescription drugs will be expected to offer basic education to clients on various treatment options, including information about state of the art combination drug therapies. Furthermore, clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by physicians, nutritionists, and therapists regarding medication management. Frequent contact must be maintained with other caregivers (i.e., the client's case manager, physician, nutritionist, home health care nurse, counselor, etc.) and with the client in order to monitor that he/she adheres to his/her medication schedule and ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment



objectives. Additionally, prescription drugs providers will be expected to immediately inform case managers when clients are not meeting their medication regimen (i.e., the client misses prescription refills or is having any other difficulties with adhering to the prescribed treatment).

Providers of prescription drugs services will also be expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and must ensure that immediate follow-up is available for clients who miss their prescription refills and/or who experience difficulties with adherence. Prescription drugs providers must ensure that the client understands adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors affecting adherence; successfully runs trials with colored candies or other similar methods, if needed; and, understands their treatment schedule.

- b. Service Delivery Standards:** Providers of this service will adhere to the *Title I System-wide Standards of Care*.
- c. Units of Service for Reimbursement:** Due to anticipated changes in the drug pricing structure utilized by the County for the provision of this service, providers are required to develop and propose two (2) different unit costs for this service, utilizing the following methodologies:

**NOTE: THE CURRENT REIMBURSEMENT STRUCTURE IS BASED ON AWP PRICING. PROVIDERS WILL BE NOTIFIED IN WRITING WHEN THE REIMBURSEMENT STRUCTURE IS CHANGED TO PHS PRICING.**

- 1) Providers will be reimbursed for prescription drugs, including protease inhibitors, based on the Average Wholesale Price (AWP) of the prescription provided to the Title I patient, minus a per-prescription discount rate. Total costs should include the cost of home delivery. Providers must stipulate the discount rate that they will be subtracting from the AWP, which may not be less than 7%. Please note that providers may utilize a discount rate higher than 7% (i.e., AWP - 10%). (For example, if the AWP of a prescription for Indinavir is \$100, and your proposed discount rate is 10%, then the straight rate is equal to \$90.00.) An estimate of the number of patients (unduplicated caseload) expected to receive these services must be included on the price form (**Attachment 20; if applying for MAI Prescription Drugs Services use Attachment 20b**).
- 2) Providers will be reimbursed for prescription drugs, including protease inhibitors, based on the Public Health Services (PHS) price of the prescription provided to the Title I patient, plus a flat dispensing fee. Total costs should include the cost of home delivery and other direct costs associated with the provision of this service. Providers must stipulate a flat rate that will be added to the PHS price. (For example, if the PHS of a prescription for Indinavir is \$20, and your proposed flat rate is \$5.00 then the straight rate is equal to \$25.00.) An estimate of the number of patients (unduplicated caseload) expected to receive

these services must be included on the price form (**Attachment 20a; if applying for MAI Prescription Drugs Services use Attachment 20c**).

- 3) Providers will be reimbursed for consumable medical supplies and durable medical equipment necessary for the administration of medications based on rates not to exceed the January 7, 2004 Medicare Part B Fee Schedule (Participating, Locality 04) rates times a multiplier of up to 1.10. In the absence of an existing Medicare rate, reimbursement for consumable medical supplies and durable medical equipment necessary for the administration of medications will be based on rates not to exceed Medicaid's Durable Medical Equipment/Medical Supply Services Coverage and Limitations Handbook (effective March 2003) rates times a multiplier of up to 1.5. Equipment and supplies excluded from Medicare and Medicaid may be provided on a supplementary schedule (**Attachment 20p; if applying for MAI Prescription Drugs Services use Attachment 20q**).

- d. **Units of Service for Reporting:** Providers must report monthly activities in terms of the individual drugs dispensed (utilizing federally assigned codes to be provided by the County), the number of prescriptions filled for each drug, the amount of Title I funds spent dispensing each drug, and the unduplicated number of clients that received each drug listed in the Ryan White Title I Prescription Drugs Formulary.

Provider monthly reports for durable medical equipment and supplies must include the number of patients served, equipment and medical supplies distributions per patient, and dollar amounts per patient. Providers must also submit to the County a list of the equipment and medical supplies that will be available to the HIV+ client. This list must identify each piece of equipment and medical supplies using the State of Florida Medicaid Codes. Providers may submit a supplemental list for items that are not identified by Medicaid.

- e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded prescription drugs services: (1) are permanent residents of Miami-Dade County; (2) have a household income that does not exceed 300% of the Federal Poverty Level, and (3) have a physician's referral or prescription for this service. Clients receiving prescription drugs services must be documented as having been properly screened for the State AIDS Drugs Assistance Program (ADAP), Medicaid, or other public sector funding (e.g., the Medically Needy Program) as appropriate. While clients qualify for and can access other public funding for prescription drugs, they will not be eligible for Ryan White Title I funding for this service, unless the prescription drug needed by the client is not covered by the funding source.
- f. **Performance Improvement and Outcome Measures:** Providers will develop internal performance improvement programs to enhance program operations and improve quality of services. Providers will also participate in the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in **Attachment 24**. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the attachment. This information will be utilized by the County and the Miami-Dade HIV/AIDS Partnership to evaluate the cost and effectiveness of services rendered to Title I clients, the frequency of service delivery, and the type of procedures or services provided. This information will be reported at a minimum on an annual basis, in a format to be provided by the County:

- g. Ryan White Title I Prescription Drugs Formulary:** Ryan White Title I funds may only be used to purchase or provide vitamins, nutritional supplements, appetite stimulants, and/or other prescriptions to HIV/AIDS patients as follows:
- (1) Prescribed medications that are included in the most recent release of the Ryan White Title I Prescription Drugs Formulary (**Attachment 20d**);
  - (2) Medications, nutritional supplements, appetite stimulants or vitamins that have been prescribed for the patient by his/her physician;
  - (3) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for any nutritional supplements. The client must also have the Title I Letter of Medical Necessity signed by a Registered Dietitian/Nutritionist for nutritional supplements as indicated in the most recent release of the Title I Prescription Drugs Formulary (**Attachment 20e**);
  - (4) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Testosterone Gel (Androgel 1%) (**Attachment 20f**);
  - (5) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Antiretroviral Resistance Assays (**Attachment 20g**);
  - (6) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Sporanox (**Attachment 20h**);
  - (7) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Valacyclovir (new prescriptions) (**Attachment 20i**);
  - (8) A Title I Letter of Medical Necessity, completed by a Board certified gastroenterologist, has been submitted for Pantoprazole (**Attachment 20j**);
  - (9) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Olanzapine (Zyprexa) (**Attachment 20k**);
  - (10) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Durable Medical Equipment and Supplies (as needed for the administration of medications only) (**Attachment 20l**);

- (11) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Appetite Stimulant **(Attachment 20m)**;
  - (12) A Prior Authorization Form, completed by a physician, for Procrit **(Attachment 20n)**;
  - (13) A Prior Authorization Form, completed by a physician, for Neupogen **(Attachment 20o)**;
  - (14) Providers must comply with any restrictions listed in the Title I Prescription Drugs Formulary. This formulary is subject to periodic revision.
- h. Miami-Dade County Public Health Medications (State of Florida AIDS Drug Assistance Program - ADAP):** Ryan White Title I funds may not be used to purchase medications available free of charge from the Miami-Dade County Health Department to clients who qualify for and can access this service.
- i. Ryan White Title I funds** may not be used to pay for the delivery of medications, durable medical equipment or medical supplies unless one of the following conditions is met by the client and is documented by the client's physician:
- The client is disabled or has AIDS, as defined by the CDC (condition is permanently valid);
- The client has been examined and found to be suffering from an illness that significantly limits his/her capacity to travel (condition is valid for the period indicated by the physician or for thirty (30) days from the date of certification);
- The client's case manager has documented the need for home delivery and has requested that delivery be provided to the client;
- The client is a minor (under 18 years of age) or the caregiver of a minor (condition is valid until the child's eighteenth birthday or until the death of the child, if the client is the caregiver).
- j. Licensing/Accreditations:** Service provider sites must possess appropriate occupational licensing from Miami-Dade County and other applicable incorporated areas (i.e., City of Miami, City of Miami Beach, etc.). All Title I funded pharmacists must be registered pharmacists with the Florida Department of Business and Professional Regulation. In addition, pharmacists must possess a Controlled Substance Registration License (DEA Certification).
- k. Minority AIDS Initiative (MAI):** Funding is also available under the MAI for Prescription Drugs Services. MAI Prescription Drugs Services are identical to standard Title I funded Prescription Drugs Services, except that MAI Prescription Drugs Services provide culturally sensitive services that target minority communities

exclusively.

Title I MAI funds are designated to reduce the HIV related health disparities and improve the health outcomes for HIV infected minorities such as Black/African-Americans (including Haitians), Hispanics, Native Americans, etc. The over-arching purpose of the MAI Initiative is to achieve 100% access to quality care and 0% disparity in health outcomes.

Special consideration will be given to providers who qualify as “Minority Community Based Organizations” by:

- 1) Having more than 50% of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served;

**AND**

- 2) Having more than 50% of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50% of key service provision positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

In addition, per Federal requirements, organizations funded to provide MAI services **MUST** meet the following criteria:

- 1) Are located in or near to the targeted community they are intending to serve;
- 2) Have a documented history of providing services to the targeted community(ies) to be served;
- 3) Have documented linkages to the targeted populations (not just to other service providers), so that they can help close the gap in access to service for highly impacted communities of color; and
- 4) Provide services in a manner that is culturally and linguistically appropriate.

**Providers must clearly specify the target population(s) to be served [i.e., Black/African-American (including Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.**

**Outcome Measures / Performance Indicators: MAI Prescription Drugs Services**

Providers of MAI Prescription Drugs Services will collect information on the

specific outcome measures/performance indicator listed for this service in **Attachment 24**. This information will be utilized by the County and the Miami-Dade HIV/AIDS Partnership to evaluate the cost and effectiveness of services rendered to Title I clients, the frequency of service delivery, and the type of procedures or services provided. This information will be reported at a minimum on an annual basis, in a format to be provided by the County.

- I. **Allocation:** Based on the Miami-Dade HIV/AIDS Partnership's FY 2004 allocations for Prescription Drugs, the maximum amount of funds available in this RFP to provide Prescription Drugs services to the general HIV/AIDS population is **\$1,145,163 and the maximum amount of funds available to serve minority populations is \$67,718.**

**Providers are required to specify as part of their proposal the type of funding that is being requested, either general Title I funding or MAI funding. If both types of funding are requested, the proposal must address the proposed services separately in distinct sections. Proposals must include separate proposed service narratives, budgets, budget justifications, etc., each clearly identifying the type of funding requested. Funds are awarded separately for each type of program (standard Prescription Drugs Services and MAI Prescription Drugs Services).**

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## **II. Substance Abuse Counseling - Residential**

Services must be provided to HIV/AIDS clients in state licensed treatment facilities, and should be limited to the pre-treatment program of recovery readiness and relapse, as well as harm reduction, conflict resolution, anger management, relapse prevention, family group and intensive counseling to reduce depression, anxiety and other related disorders, drug-free treatment and treatment for alcohol and other drug addictions.

Residential substance abuse treatment provides room and board, substance abuse treatment and counseling, including specific HIV counseling, in a secure, drug-free state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Title I funds may not be used for hospital inpatient detoxification.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

**Residential Treatment** programs shall comply with the following requirements:

- a. Program Operation Requirements:** Special emphasis is placed on programs that provide services that are highly accessible to target populations.

Special emphasis is placed on programs that can demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs.

Service must be provided in settings that foster the client's sense of self-control, dignity, responsibility for his/her own actions; relief of anxiety and mutual aid are preferred.

Substance abuse counseling services may be provided to members of a client's family in an outpatient setting if the HIV/AIDS client is also being served. Special consideration will be given to programs offering services to families without separating the family unit. If the client is participating in a residential treatment program the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in residential treatment with the client during the treatment process. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to Title I (maximum of \$100 per day). *Note: For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's file and linked to the provision of primary care.

Providers must ensure that clients adhere to their treatment plan, including prescription drugs regimen.

Providers of substance abuse treatment must offer flexible schedules that accommodate nutritional needs in order to facilitate clients' compliance with medication regimens.

Residential substance abuse providers must coordinate billing so that outpatient counseling services provided as a result of a referral by a residential facility are only reimbursed once as part of the outpatient facility's billing.

Providers are expected to adhere to super-confidentiality procedures. Providers must include their organization's definition of confidentiality, staff confidentiality training, and procedures for maintaining confidentiality.

Providers should demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs.

Providers must participate in external quality assurance reviews, utilizing a standardized tool as developed by the Miami-Dade HIV/AIDS Partnership.

- b. **Service Delivery Standards:** Providers of this service will adhere to the *Title I System-wide Standards of Care*. In addition, providers will be required to demonstrate that they will adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS.

***Guidelines:***

- Providers of this service will be required to demonstrate that they will adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. The following are examples of such guidelines:
- Published by the American Society of Addiction Medicine (ASAM), these guidelines include principles for working with HIV-positive patients in addiction treatment settings including, but not limited to, post-exposure prophylaxis (PEP) for HIV, integrating HIV-positive patients into addiction treatment programs and groups, neuro-psychiatric components of HIV/AIDS, approaching the medical evaluation in the era of HIV/AIDS, harm reduction strategies in addiction, precautions for caregivers and HIV-infected individuals, pre- and post-test counseling and miscellaneous social and legal aspects relevant to this service population (*Guidelines for HIV Infection and AIDS in Addiction Treatment*, American Society of Addiction Medicine, Chevy Chase, MD, 1998). ASAM has also developed national guidelines for the implementation of a patient placement system. The purpose of this clinical guide is to place the patient in a level of care that has the appropriate resources to treat the patient's condition [*ASAM Patient Placement Criteria*



*for the Treatment of Substance-Related Disorders (ASAM PPC-2R)*, American Society of Addiction Medicine, Washington, DC, Second Edition-Revised (April 2001)].

- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.
  - Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.
  - Published by the American Society of Addiction Medicine (ASAM), these guidelines include principles for treatment and housing, precautions for caregivers and HIV-infected individuals, pre and post-test counseling and miscellaneous social and legal aspects relevant to this service population. ASAM has also developed national guidelines for the implementation of a patient placement system. The purpose of this clinical guide is to place the patient in a level of care that has the appropriate resources to treat the patient's condition. [*Guidelines for HIV Infection and AIDS in Addiction Treatment*, American Society of Addiction Medicine, Chevy Chase, MD, 1998; *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC-2R)*, American Society of Addiction Medicine, Washington, DC, Second Edition – Revised (April 2001)].
  - Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30 of the Florida Administrative Code by the State of Florida Department of Children and Families, as may be amended.
- c. **Client Eligibility Criteria:** Providers must document that HIV+ clients receiving Title I substance abuse services - residential are permanent residents of Miami-Dade County, have a household income that does not exceed 300% of the Federal Poverty Level, and have been documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding as appropriate. While clients qualify for Medicaid, Medicaid Waiver, or other public sector funding for substance abuse services, they will not be eligible for Ryan White Title I funding for this service.

- d. **Performance Improvement and Outcome Measures:** Providers will develop internal performance improvement programs to enhance program operations and improve quality of services. Providers will also participate in the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in **Attachment 24**. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the attachment. This information will be utilized by the County and the Miami-Dade HIV/AIDS Partnership to evaluate the cost and effectiveness of services rendered to Title I clients, the frequency of service delivery, and the type of procedures or services provided. This information will be reported at a minimum on an annual basis, in a format to be provided by the County.

- e. **Units of Service for Reimbursement:** The unit of service for reimbursement of substance abuse counseling - residential treatment is a *patient-day* of care, at a rate not to exceed \$100 per day [includes the cost of family member(s) participating in the substance abuse counseling session provided during a day of treatment]. If the provider anticipates that clients may be referred to a separate Title I funded outpatient HIV substance abuse counseling agency, then the cost of such activities should not be included as part of the residential provider's per day rate (**Attachment 21; if applying for MAI Substance Abuse Counseling – Residential Services use Attachment 21a**).
- f. **Units of Service for Reporting:** Monthly activity reporting for residential substance abuse treatment is per *patient-day* of care and number of unduplicated clients served.
- g. **Linkage/Referrals:** Providers of residential substance abuse treatment must document the progress of each patient's care through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the patient's case manager and primary care physician, when that is found to be appropriate. Providers are required to determine if the client is currently receiving case management services; if not, the provider must seek enrollment of the client in a case management program while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the case management provider must be established in order to ensure coordination of services while the client remains in treatment. *Note:* referrals to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility.
- h. **Licensing/Accreditations:** Provider sites must be licensed by the Florida

Department of Health as a Residential Substance Abuse Treatment facility. If food is prepared on site, the facility must have a food service license from the Miami-Dade County Health Department. All caregivers providing direct counseling services must possess *postgraduate degrees* in the appropriate counseling-related field, or be a *certified addiction professional (CAP)*.

- i. **Minority AIDS Initiative (MAI):** Funding is also available under the MAI for Substance Abuse Counseling – Residential Services. MAI Substance Abuse Counseling – Residential Services are identical to standard Title I funded Substance Abuse Counseling – Residential Services, except that MAI Substance Abuse Counseling – Residential Services provide culturally sensitive services that target minority communities exclusively.

Title I MAI funds are designated to reduce the HIV related health disparities and improve the health outcomes for HIV infected minorities such as Black/African-Americans (including Haitians), Hispanics, Native Americans, etc. The overarching purpose of the MAI Initiative is to achieve 100% access to quality care and 0% disparity in health outcomes.

Special consideration will be given to providers who qualify as “Minority Community Based Organizations” by:

1. Having more than 50% of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served;

**AND**

- 2) Having more than 50% of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50% of key service provision positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

In addition, per Federal requirements, organizations funded to provide MAI services **MUST** meet the following criteria:

- 1) Are located in or near to the targeted community they are intending to serve;
- 2) Have a documented history of providing services to the targeted community(ies) to be served;
- 3) Have documented linkages to the targeted populations (not just to other service providers), so that they can help close the gap in access to service for highly impacted communities of color; and

- 4) Provide services in a manner that is culturally and linguistically appropriate.

**Providers must clearly specify the target population(s) to be served [i.e., Black/African-American (including Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.**

**Outcome Measures / Performance Indicators: MAI Substance Abuse Counseling – Residential Services**

Providers of MAI Substance Abuse Counseling – Residential Services will collect information on the specific outcome measures/performance indicator listed for this service in **Attachment 24**. This information will be utilized by the County and the Miami-Dade HIV/AIDS Partnership to evaluate the cost and effectiveness of services rendered to Title I clients, the frequency of service delivery, and the type of procedures or services provided. This information will be reported at a minimum on an annual basis, in a format to be provided by the County.

- j. **Allocation:** Based on the Miami-Dade HIV/AIDS Partnership's FY 2004 allocations for Substance Abuse Counseling – Residential Services, the maximum amount of funds available in this RFP to provide Substance Abuse Counseling – Residential services to the general HIV/AIDS population is **\$11,206 and the maximum amount of funds available to serve minority populations is \$30,794.**

**Providers are required to specify as part of their proposal the type of funding that is being requested, either general Title I funding or MAI funding. If both types of funding are requested, the proposal must address the proposed services separately in distinct sections. Proposals must include separate proposed service narratives, budgets, budget justifications, etc., each clearly identifying the type of funding requested. Funds are awarded separately for each type of program (standard Substance Abuse Counseling – Residential Services and MAI Substance Abuse Counseling – Residential Services).**

### **III. Health Insurance Services**

There are three types of assistance under this service category: **AIDS Insurance Continuation Program, Insurance Deductibles, and Prescription Drugs Co-**

**Payments.**

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

**AIDS Insurance Continuation Program**

This service provides assistance to clients who already have private health insurance but are not financially able to pay the insurance premiums. This service does not provide new health insurance policies to eligible clients; it allows them to continue with their current insurance carrier. This service does not include coverage of disability or life insurance payments and does not provide assistance with deductibles and/or co-payments. The maximum amount of assistance a client may receive each month is \$650. Title I will be able to assist the client in making back payments of premiums as long as the insurance policy has not been terminated. Assistance may also be provided to facilitate conversion of group coverage (i.e., COBRA) to an individual insurance policy. Title I may only be utilized to pay for a dependent's health insurance premium if the dependent meets the eligibility requirements specified below.

Title I supplements the state AICP when the primary funding sources, Title II and Florida General Revenue, exhaust their funds. Title I support depends on the amount allocated to this service. This service description covers only those services paid for by Ryan White Title I funds.

- a. Program Operation Requirements:** Providers may not reimburse clients directly for their premium expense.

Providers are required to inform clients of their rights regarding insurance coverage and to ensure they use their private health insurance to obtain care. Clients will not be eligible for Title I services if such services are available under their existing health insurance, private or public.

- b. Service Delivery Standards:** Providers of this service will adhere to the *Title I System-wide Standards of Care*.
- c. Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended per insurance premium plus a dispensing rate of \$15 per month (**Attachment 22**).
- d. Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars *expended per insurance premium per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.
- e. Client Eligibility Criteria:** Clients receiving Title I assistance for this service must meet the following eligibility criteria: 1) be permanent residents of Miami-

Dade County; 2) be HIV+ asymptomatic, HIV+ symptomatic, or have AIDS (as defined by the CDC); 3) have a household income that does not exceed 300% of the Federal Poverty Level; 4) have liquid assets (cash) that do not exceed \$4,500 (or \$5,500 if married or a recognized couple); 5) have active health insurance under a group, individual or COBRA policy; and 6) be willing to sign all required forms and provide all requested eligibility information. A complete financial assessment and disclosure are required.

- f. **Performance Improvement and Outcome Measures:** Providers will develop internal performance improvement programs to enhance program operations and improve quality of services. Providers will also participate in the Miami-Dade County Title I Performance Improvement Program. Service providers will collaborate with the County and the Miami-Dade HIV/AIDS Partnership in the development of outcome measures for this service category.

### **Insurance Deductibles**

- a. **Program Operation Requirements:** The goal of this service is to maintain a client's private health insurance coverage, thereby minimizing the client's reliance on the Title I program for services. Under no circumstances shall payment be made directly to recipients of this service. The maximum amount of assistance a client may receive annually is \$2,500. Other methods may be proposed to assist clients with the financial resources necessary to cover a client's health insurance deductibles that the client could otherwise not afford.
- b. **Service Delivery Standards:** Providers of this service will adhere to the *Title I System-wide Standards of Care*.
- c. **Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended *per deductible plus a dispensing rate* (**Attachment 22a**).
- d. **Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars expended *per deductible per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.
- e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I assistance for payment of insurance deductibles are permanent residents of Miami-Dade County and have a household income that does not exceed 300% of the Federal Poverty Level. While clients qualify for other public funding for insurance deductibles, they will not be eligible for Ryan White Title I funding for this service. A complete financial assessment and disclosure are required.
- f. **Performance Improvement and Outcome Measures:** Providers will develop

internal performance improvement programs to enhance program operations and improve quality of services. Providers will also participate in the Miami-Dade County Title I Performance Improvement Program. Service providers will collaborate with the County and the Miami-Dade HIV/AIDS Partnership in the development of outcome measures for this service category.

**Prescription Drugs Co-Insurance and Co-Payments**

- a. **Program Operation Requirements:** This type of assistance is available to privately insured clients who are required to pay a fee for their medications. The pharmaceutical provider will bill the insurance carrier for a portion of the cost of the prescription plus the dispensing fee and Title I will cover the remaining portion of the cost for clients who meet the eligibility criteria. Assistance for both co-insurance and co-payments is restricted to those medications on the currently approved Ryan White Title I Prescription Drugs Formulary.
- b. **Service Delivery Standards:** Providers of this service will adhere to the *Title I System-wide Standards of Care*.
- c. **Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended *per co-payment plus a dispensing rate (Attachment 22b)*.
- d. **Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars *per co-payment per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.
- e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I assistance for drug co-payments: (1) are permanent residents of Miami-Dade County; (2) have a household income that does not exceed 300% of the Federal Poverty Level, and (3) have a physician's prescription for the drug. While clients qualify for other public funding for drug co-payments, they will not be eligible for Ryan White Title I funding for this service. A complete financial assessment and disclosure are required.
- f. **Performance Improvement and Outcome Measures:** Providers will develop internal performance improvement programs to enhance program operations and improve quality of services. Providers will also participate in the Miami-Dade County Title I Performance Improvement Program. Service providers will collaborate with the County and the Miami-Dade HIV/AIDS Partnership in the development of outcome measures for this service category.
- g. **Licensing/Accreditations:** Service provider sites must possess appropriate occupational licensing from Miami-Dade County and other applicable incorporated areas (i.e., City of Miami, City of Miami Beach).

- h. Allocation:** Based on the Miami-Dade HIV/AIDS Partnership's FY 2004 combined allocation for Health Insurance Services, the maximum amount of funds available for Health Insurance services in this RFP is \$99,900. A minimum of \$15,680 must be allocated to the AIDS Insurance Continuation Program in the RFP to assist clients with payment of insurance premiums.

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**RYAN WHITE TITLE I STANDARDS OF CARE**

The Ryan White Title I System-wide Standards of Care (**Attachment 23**) form the basis for on-going monitoring and evaluation of funded service providers in FY 2004-05 by the Miami-Dade County Office of Strategic Business Management, Ryan White Title I Program.

It is not expected that contracted organizations be in full compliance with these standards at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. Each service provider is asked to set time specific goals for their organization's progress towards compliance with the standards in the form of a work plan. This work plan may be revised, by the provider, throughout the year with the prior written approval of the County.

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## **SECTION 3.0 PROPOSAL FORMAT**

### **3.1 INSTRUCTIONS TO PROPOSERS**

Proposals **MUST** address all of the topics in this section in the sequence outlined in the Proposal Submission Checklist (**Attachment 32**). Proposals **MUST** contain each of the below enumerated documents, each fully completed, signed, and notarized where required. Proposals submitted which do not include the following items may be deemed non-responsive and may not be considered for contract award. Responses are to be concise and consist only of the answers to the questions posed. Extraneous material or information should not be submitted. Do not exceed the specified page limitations. **All materials are to be submitted on 8 1/2" X 11" paper, neatly typed on one side only, with standard margins and spacing. An un-bound, one-sided original and fifteen (15) unbound copies (a total of 16) of the complete proposal must be received by Friday, May 14, 2004, at 2:00 P.M. (E.S.T.). No late proposal will be accepted.**

### **3.2 CONTENTS OF PROPOSAL**

To be scored and rated as being fully adequate, each proposal must include the following information:

#### **A. Proposal Title Page**

Include on the Proposal Title Page (**Attachment 2**) the services to be provided, the amount of funds being requested to provide these services, and the name/contact information for the contract coordinator or program liaison. The original copy of this form **MUST** be signed by an officer of the Proposer(s) who is legally authorized to enter into a contractual relationship in the name of the Proposer(s). The Proposer(s) **MUST** affix the proposing organization's corporate seal to the original copy of this document, and in the absence of a corporate seal this form must be notarized by a Notary Public. The original copy of the proposal **MUST** be clearly marked as such on the Proposal Title Page.

#### **B. Table of Contents**

The Table of Contents should outline in sequential order the major areas of the proposal. All pages of the proposal including the attachments **MUST** be clearly and consecutively numbered and keyed to the Table of Contents. Appendices can be numbered differently/separately from the narrative (e.g., A-1), however, each page should be numbered sequentially (e.g., A-1, A-2, A-3, etc.).

#### **C. Minimum Qualification Requirements**

Proposers shall provide documentation that demonstrates their ability to satisfy all of the requirements specified in this RFP under Section 2.0, Scope of Services. Proposers who do not meet the requirements or who fail to provide supporting documentation will not be considered for an award. If a prescribed format or required documentation for the response to minimum qualification requirements (e.g., proof of licensure as stated in Section 3.2, Items F11 and F12) is listed below, Proposers **MUST** submit such documentation.

**D. Abstract for the Proposed Services**

The abstract(s) must include the *full, legal* name of the proposing organization; corporate/tax status of proposing organization (i.e., not-for-profit or for-profit); a brief description of identified service needs/demands and target geographic area/population; the number of clients to be served, the number of units of service to be provided; a brief description of the proposed program and service approach; and a total budget request. **(Limit 1 page per proposed service)**

**E. Service Experience (Complete this section once in your agency's proposal and do not exceed 8 pages, not including forms and/or appendices)**

1. Describe your organization's general history, including the date when the organization first started providing services. Do not limit your response to past experience in providing Ryan White Title I services. **Organizations proposing to provide Minority AIDS Initiative (MAI) services must document experience in serving the communities of color targeted in their proposal.**

Identify the corporate/tax status of your organization (not-for-profit or for-profit). Include as **Appendix 1** documentation of corporate/tax status in the name of the proposing organization and subcontractors, if applicable. If documentation of not-for-profit status is not included as part of the proposal, then the proposal will be reviewed as having been submitted by a for-profit entity. In this instance, the proposal would be subject to federal restrictions to contracting with for-profit organizations.

List the agency's achievements. State the full range of services that your organization currently provides. If your organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the on-going operation of your service programs.

2. Describe the staff's experience providing services, including the length of time that key staff have provided services, especially services to persons living with HIV/AIDS. Describe the organization's qualifications and accreditations reflecting the ability to manage and provide the services requested in this RFP.
3. Indicate whether or not your organization is a Medicaid, Medicaid Waiver, and/or Medicare provider. Indicate whether or not your organization is classified as a Federally Qualified Health Center (FQHC).
4. Indicate the percentage of clients served by your organization who have been identified as Medicaid eligible.
5. Describe your organization's capabilities to respond to special client groups, such as persons with disabilities and special needs, including individuals with a lack of transportation resources. Describe your organization's cultural and linguistic capabilities. **Organizations proposing to provide Minority AIDS Initiative (MAI) services must document the ability to provide services to targeted community(ies) of color in a manner that is culturally and linguistically appropriate.**
6. Describe your organization's client orientation processes, including the familiarization of clients to services offered by the agency and those available in the community at large.
7. Describe your organization's internal client screening processes to determine medical and financial eligibility for Title I services, and for services offered under other benefit programs.
8. Describe your organization's policies and procedures for conducting internal and external referrals; explain all phases of the referral process; include, as **Appendix 2**, a copy of all referral and linkage agreements, letters of commitment or documentation of working relationships with any organization providing HIV/AIDS services. **Organizations proposing to provide Minority AIDS Initiative (MAI) services must document**

**linkages to targeted communities of color (not just to other service providers).**

9. Describe your organization's policies regarding the initiation and update of client files, including updates to case notes, review of client charts by direct service and supervisory staff, frequency of updates to eligibility documentation; explain how your agency will provide receipts to clients for each service rendered.
10. Describe your system for collecting, maintaining, and reporting client level and service delivery data, as well as agency/administrative information. Describe the organization's process for assigning a unique identifier to each client to ensure accurate reporting of unduplicated client load. Describe current client identification format, if one is available. Explain the system that will be utilized to ensure compliance with Miami-Dade/HRSA contractual reporting requirements (**Attachments 25-27**).
11. Submit, as **Appendix 3**, a complete copy of your organization's most current certified audit verifying that the agency is on a sound financial footing and able to implement a funded service on a reimbursement basis. Financial statements do not represent a complete audit. Therefore, if a certified audit is not available, financial statements and detailed plans to comply with contractual audit requirements **MUST** be submitted as part of the proposal.
12. Explain your organization's system for safeguarding the confidentiality of clients, including the organization's definition of confidentiality, policies regarding staff's compliance with confidentiality regulations, the organization's efforts to conduct regular training on confidentiality issues, the protection of client records, exchange and release of information, and the protection of the client's privacy. Furthermore, describe your organization's efforts to comply with the rules and regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if applicable.
13. Describe the process used to monitor and control the quality of care provided by staff. Describe ongoing staff training activities including your organization's training curriculum, if applicable. If an extensive training curriculum is available, include a copy as an additional appendix.

14. Explain your organization's policies regarding compassionate, courteous, and non-judgmental care to people living with HIV/AIDS, including a description of internal measures used to evaluate and maintain customer service practices.
15. Describe your organization's current grievance procedures, or those proposed to be established for these purposes. Indicate how your organization informs clients and other service providers of its grievance policies, and include, as **Appendix 4**, a copy of these policies.
16. Explain how your organization solicits input from people living with HIV/AIDS in its decision-making processes; indicate whether or not the organization has an established Client Advisory Board.
17. Indicate which Ryan White Title I System-wide Standards of Care (**Attachment 23**) your agency is in full compliance with at the time of proposal submission. Furthermore, identify your agency's proposed timeline for progress towards meeting those System-wide Standards of Care that it is not currently able to meet.
18. Include as part of your proposal a statement that insures that your organization serves all clients without regard to race, color, religious background, ancestry, sex, age, national origin, medical or mental condition.
19. Enclose, as **Appendix 5**, a current listing of the Board of Directors, Officers of the Organization, and Advisory Council Members; provide an ethnic/racial breakdown of the Board members and of the organization's staff (paid or volunteer). **IMPORTANT: This information must be submitted by all proposing organizations, however, it is particularly relevant to proposers of Minority AIDS Initiative (MAI) services since it will be used by the Evaluation/Selection Committee appointed by the County Manager as a criterion when determining if a proposing organization may be given special consideration to receive MAI funds.**
20. Describe any prior or pending litigation, either civil or criminal, involving a governmental agency or which may affect the performance of the services to be rendered herein, in which the proposing organization, any of its employees or subcontractors (subconsultants) is or has been involved within the last three (3) years.

**F. Proposed Service(s) (Complete once for each proposed service and do not exceed 8 pages, not including forms and/or appendices)**

Carefully review the service definition(s) included in **Section 2.0, SCOPE OF SERVICES**. In your response to this section, describe your proposed service addressing all requirements and restrictions listed in the definition of the service you propose to provide. **Proposers are reminded that no exceptions may be taken to any requirements specified in the service definitions.**

1. Describe your organization's past experience in providing the proposed service(s), including a description of funding received (i.e., other grants, Medicaid, etc.), and the number of clients served and over what time period. **Organizations proposing to provide Minority AIDS Initiative (MAI) services must document experience in serving the communities of color targeted in their proposal.**
2. If your agency currently provides this service indicate the number of clients served by gender and ethnicity; number and level of staff providing the proposed service(s), and the source(s), amount(s), time period(s) of existing HIV/AIDS related funding; complete a Funding Source Summary Form (**Attachment 29**).
3. Describe the level of need/demand for each proposed service as experienced by your organization, and the specific client group(s), by gender and ethnicity, in need for these services; specify the proposed program(s) target geographic area/populations.
4. Describe the service expansion(s) or modification(s) that you are proposing to provide in order to meet an identified need for the service(s). Proposed programs will only be funded when gaps in service or available funding are clearly identified, adequately documented, and a strong justification is made for using Ryan White Title I as opposed to other funding sources (i.e., target population which is not eligible for Medicaid or is not covered by private insurance). Include a description of how the Title I client case load will be maintained to ensure that all the dollars awarded will be spent by the end of the contract period, February 28, 2005.

For-profit organizations must address each of the six points/requirements outlined in the "Formal Clarification of Legislative Language" issued by HRSA, dated March 6, 1997 ( **Attachments 1 and 1a**).

5. Provide a description of your proposed service approach and the rationale underlying the approach to be taken in providing the service; include an explanation of how your organization is planning to integrate Title I services with other services, including services your agency provides and those available elsewhere in the community. In addition, provide a description of how your organization will provide culturally sensitive services to specific racial/ethnic groups, and how it will monitor client's adherence to treatment and how adherence problems will be identified and resolved.
6. Describe your organization's specific policies regarding quality of care in the provision of the proposed service, and describe all processes established to ensure quality of services to HIV/AIDS clients.
7. Describe your organization's intake process; explain how your agency will deal with "Walk-ins," especially those in crisis; include an explanation of how your organization monitors the availability of slots for specific services.
8. Provide a schedule of hours of operation for each proposed service, a list of sites where each service will be available, and estimates of the number of clients to be served and the number of units of service to be provided.  
**Organizations proposing to provide Minority AIDS Initiative (MAI) services must document that the proposed service sites are located or near the community(ies) of color targeted in their proposal.**
9. If your organization is proposing to provide prescription drugs services:
  - a) Indicate if your organization is currently eligible to purchase prescription drugs at Public Health Service (PHS) pricing under the federal 340B program. Specify the number of years the organization has participated in the 340B program and, if applicable, anticipated date for renewal/expiration of eligibility.
  - b) Describe how the organization will maintain and track separately the inventory of drugs purchased with Title I funds (Title I inventory must be physically separated from drugs purchased with non-Title I dollars);
  - c) Describe the organization's policies and procedures for purchasing, receiving, storing, and distributing prescription drugs;
  - d) Describe the organization's policies and procedures for maintaining



and disposing of prescription drugs records.

- e) Provide a detailed explanation of how the organization calculated the proposed discount rate corresponding to AWP reimbursement and the proposed flat fee corresponding to PHS reimbursement.
10. Indicate if staff required to provide the service(s) is currently on board or if recruitment will be necessary. Identify a staff person to serve as the Contract Coordinator or liaison; said individual will monitor the contract provisions and must be available to meet with the County's staff to review activities on an "as needed" basis.

***NOTE: After proposal submission, but prior to the award of any contract issued as a result of this RFP, the Proposer has a continuing obligation to advise the County of any changes, intended or otherwise, to the key personnel identified in its proposal for each service category.***

11. Describe and enclose as **Appendix 6** any licensure requirements and or accreditations that have been met by your organization and/or key members of your proposed project staff.
12. Enclose as **Appendix 7** resumes, job descriptions, and copies of required licenses for the person who will be the principal liaison to the County and key professional staff who will be providing direct services to clients. **(Approximately one page per person)**. For local preference points consideration, resumes for all personnel **MUST** indicate each individual's city, county and state of permanent residence; and, in addition, the resumes **MUST** indicate the city, county and state where the individual's permanent office, within the proposing organization, is located.
13. Proposers are required to submit a detailed work plan for the proposed service(s). The work plan should describe the goals, objectives, activities, staff person(s) responsible for achieving the objectives, target activity/task start date, dates when compliance with Ryan White Title I standards will be met, or target activity/task completion date. Objectives must be specific and quantifiable, including the units of service to be provided and the number of clients to be served. Additional instructions for completing the work plan are provided on the reverse side of the form (**Attachment 28**).

**G. Line Item Budget and Price Forms**

1. Due to Federal requirements, the Proposer(s) **MUST** submit a categorical line item budget (**Attachment 15**) and narrative justification (**Attachment 16**) for each direct and indirect cost associated with the proposed service, using the object class categories listed below. A total dollar amount for indirect charges without a detailed breakdown on the budget form will not be accepted. Failure to submit the categorical budget with your proposal will **DISQUALIFY** your organization for further consideration by the Evaluation/Selection Committee for award of funds.

**Object Class Categories** - Personnel (salaries and fringe benefits), contractual expenses, supplies, travel, equipment, other direct costs, and indirect administrative charges. The line item budget should include all program related expenses for which funds are being requested. A narrative justification must be included as part of this section, specifying how each line item is directly related and/or necessary to the provision of direct patient care and services. The justification must also include a detailed description of how unit costs and/or dispensing charges were calculated. **Attachment 16** provides a set of guidelines for the preparation of a budget justification as well as examples of allowable direct and indirect costs for each Title I service category. **Indirect/Administrative costs are capped at 10%.** Proposers are required to follow the budget limitations and reimbursement caps established by the Miami-Dade HIV/AIDS Partnership as identified in this RFP under **Section 2.0, Scope of Services.**

2. Complete the Price Form(s) for the proposed service(s). Instructions for completing the Price Forms are provided on the reverse side of each form (**Attachments 20-20c and 21-22b**). Proposer(s) **MUST** provide all of the required information on the forms and **MUST** include the signature of an official who is authorized to enter into a contractual agreement on behalf of the organization. The proposer(s) **MUST** affix their corporate seal to this document. In the absence of a corporate seal this document may be notarized by a notary public. The original copy of the Price Form **MUST** be clearly marked as such.

Proposers are reminded that if the department designated by the County Manager to administer the grant determines, based on average monthly reimbursements, that the service providers are not spending at a rate that indicates they will expend their full allocation(s) within the contract period, the dollar amount awarded to the service provider(s) for these categories of

service will be reduced accordingly. The County has, in the past, reduced allocations of service providers whose monthly projections indicated they would not expend their allocations. The County will continue with this practice in the future to insure that the level of Ryan White Title I funding received by Miami-Dade County is not reduced in the coming years due to the inability to expend previously allocated grant funds.

## **H. Required Affidavits/Acknowledgments**

*Proposers **MUST** complete, sign as required, and submit the following documents as part of this RFP:*

1. All Proposers **MUST** acknowledge receipt of all the addenda issued in relation to this RFP. Acknowledgment of Addenda must be included with your proposal (**Attachment 3**) as **Section H.1** of the proposal. Proposers should telephone the contact person for this RFP prior to submission of their proposal to verify that they have received all addenda issued.
2. All Proposers are advised that in accordance with Section 2-11.1 (s) of the Code of Miami-Dade County, the Lobbyists Registration for Oral Presentation Affidavit **MUST** be completed, notarized and included with your proposal submission. Lobbyist specifically includes the principal, as well as any agent, officer or employee of a principal, regardless of whether such lobbying activities fall within the normal scope of employment of such agent, officer or employee (**Attachment 4**) as **Section H.2** of the proposal.
3. All Proposers **MUST** complete and include the Miami-Dade County Affidavit – Taxes, Fees, and Parking Tickets Have Been Paid (**Attachment 11**) as **Section H.3** of the proposal. This Affidavit, which attests that all delinquent and currently due fees, taxes, and parking tickets owed to the Miami-Dade County by the Proposer(s) have been paid, **MUST** be signed by an authorized agent of the proposing organization and notarized.
4. All Proposers **MUST** complete and include the Disability Nondiscrimination Affidavit (**Attachment 14**) as **Section H.4** of the proposal. This Affidavit, which attests that the organization is in compliance with ADA standards, should be signed by an authorized agent and notarized.
5. Proposers **MUST** complete and include, if applicable, as **Section H.5** of the

proposal, the Local Business Preference Form (**Attachment 6**). This form must be appropriately completed, signed by an authorized agent and notarized and submitted as part of the Proposer(s) response to this solicitation in order to be considered for Local Preference points.

6. All Proposers **MUST** complete and include as **Section H.6.a** of the proposal, the Proposer's Disclosure of Subcontractors and Suppliers Form (**Attachment 7**). This form must be submitted to identify all first tier subcontractors or subconsultants which will perform any part of the contract work and all suppliers which will directly supply materials to the selected Proposer for the contract work. In addition, Proposers **MUST** complete and include, as **Section H.6.b** of the proposal, the Proposer's Disclosure of Fair Subcontracting Policies (**Attachment 8**). This form must be submitted to provide a statement of the Proposer's subcontracting policies and procedures. Both forms must be signed by an authorized agent of the proposing organization. **IMPORTANT: Failure to complete these forms in their entirety or indicating "Not Applicable (N/A)" on sections of the forms will deem the proposal non-responsive.**
7. Proposing organizations with **annual gross revenues in excess of \$5 million** **MUST** submit as **Section H.7.a** of their proposal a written Affirmative Action Plan and Procurement Policy Affidavit (**Attachment 9**) which must remain on file with the Miami-Dade County's Department of Business Development. Proposing organizations whose Board of Directors is representative of the population make-up of the nation are exempt from this requirement and may claim exemption by submitting as **Section H.7.b** of their proposal the Affirmative Action Plan Exemption Affidavit (**Attachment 10**).
8. All Proposers **MUST** complete and include the Code of Business Ethics Affidavit (**Attachment 12**) as **Section H.8** of the proposal. This Affidavit, which attests that the organization is fully compliant with the requirements of Section 2-8.1(1) of the Code of Miami-Dade county as amended, and has adopted the County's Code of Business Ethics, should be signed by an authorized agent and notarized. Please also see Section 1.36 of this RFP for more details.
9. Proposers **MUST** complete, if applicable, and submit prior to entering into a

contract with or receiving funding from Miami-Dade County the Criminal Record Affidavit. This form, which is available from the Department of Procurement Management/Office of Vendor Assistance at (305) 375-5287, must be submitted if the Proposer has been convicted of a felony during the past ten years.

10. Proposers **MUST** complete , if applicable, and submit prior to entering into a contract with or receiving funding from Miami-Dade County the Domestic Violence Leave Affidavit (**Attachment 13**). This form must be submitted if the Proposer has, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during each of the twenty (20) or more calendar work weeks in the current or preceding calendar year.

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### **3.3 QUALIFICATIONS/STATEMENT OF QUALIFICATIONS**

Due to the reauthorization in 1996 of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act, Title I funds **may not** be awarded to private for-profit entities, unless such entities are the "only available provider of quality HIV care in the area." [SEC 2604 (b)(2)(A); SEC 2613 (a)(1)]. Please refer to **Attachments 1 and 1a** for more details regarding this legislation. Private not-for-profit service providers must be able to show proof of such status by submitting, as part of the proposal, appropriate documentation in the name of the proposing organization and any subcontractors, if applicable, stating not-for-profit status.

The successful Proposers **MUST** have sufficient financial resources to meet the expenses incurred during the period between the purchase of services and payment by the County. It is anticipated that the County will pay for services rendered within four (4) to six (6) weeks of the receipt of invoices, deemed correct and acceptable by the County.

Additional specific qualifications which are applicable to a particular service are included in Section 2.0, Scope of Services.

### **3.4 PROPOSAL SUBMISSION REQUIREMENTS**

All material is to be submitted on 8 1/2" x 11" paper, neatly typed on one side only with standard margins, line and character spacing (12 characters per inch). One unbound original and fifteen (15) unbound copies (a total of 16) are required (see Section 3.0). Enclosures are required to be listed in the Table of Contents. The original Proposal Title Page (**Attachment 2**) and the original Price Forms (**Attachments 20-20c and 21-22b**) must have an authorized signature and must be notarized. The original copy of the proposal **MUST** be clearly marked as such on the Proposal Title Page, containing original signatures, original corporate seal and/or Notary Public stamp. Additional copies of the proposal do not need to bear original signatures nor original stamps. Proposers shall include their complete return address on the outer envelope wrapper enclosing any materials submitted in response to this RFP. The outer envelope or wrapper for the **original and copies** of the proposal should be addressed as follows (see next page):

Proposer's Name  
Proposer's Address  
Proposer's Telephone Number

Miami-Dade County  
Clerk of the Board of County Commissioners  
Stephen P. Clark Center  
111 N.W. 1st Street, 17th Floor, Suite 202  
Miami, Florida 33128

**RFP No. RW1401**  
**Health and Support Services for Persons with HIV**  
**Spectrum Disease**  
**Ryan White Title I Program**  
**Proposal Due Date – 05/14/04**

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## **SECTION 4.0 EVALUATION/SELECTION PROCESS**

The evaluation of proposals and selection of award recommendations will be made during the evaluation/selection process. Proposals will be evaluated by an Evaluation/Selection Committee appointed by the County Manager comprised of appropriate County personnel from multiple departments and representatives of the community, as deemed necessary, with the appropriate experience and/or knowledge striving to ensure that the committee is balanced with regard to both ethnicity and gender.

The method of contract award will be based on a qualitative appraisal rating and ranking of responsive Proposers based on point totals for each evaluation criteria and not on a percentage factor. The Evaluation/Selection Committee will evaluate and rank responsive proposals on the evaluation criteria listed below. The criteria are itemized with their respective weights for a **maximum of 100 points**. A proposer may receive the maximum points or a portion of this score depending on the merit of its proposal, as determined by the Evaluation/Selection Committee.

After the qualitative appraisal, rating and ranking evaluation, the committee may choose to conduct oral presentations from those Proposers ranked the highest. Upon completion of the oral presentation(s), if conducted, the Committee will re-evaluate, re-rate and re-rank the proposals remaining in consideration based upon the written documents combined with the oral presentation.

Following the qualitative appraisal and oral presentations (if conducted), the Evaluation/Selection Committee will then report its findings as to relative merit and recommendation for contract award to the County Manager for his review and concurrence.

The County Manager will present his recommendation to the Board of County Commissioners, who, as the duly elected representatives of the residents of Miami-Dade County, have the sole authority to award contracts on behalf of the County.

### **4.1 EVALUATION CRITERIA**

#### **A. Organizational Longevity, Experience, Minority Representation on the Board of Directors or Among Professional/Volunteer Staff (15 points):**

- Period of time that the proposing organization has been providing services **[Up to 2 points]**;



- Period of time that key supervisory and direct service staff have been providing services to people with HIV/AIDS [**Up to 8 points**];
- Representation of minority racial/ethnic groups in the organization's Board of Directors or among its professional/volunteer staff [**Up to 5 points**].

**B. Administration and Cost (30 points):**

- Line-item budget is complete, well documented, and yields reasonable unit-cost calculations [**Up to 5 points**];
- Proposing organization's unit costs, relative to those proposed by other programs providing similar services [**10 points**]; **NOTE:** Proposers will be given points proportionately in relation to the lowest unit cost. This point total will be calculated by dividing the lowest unit cost by the unit cost of the proposal being evaluated with the result being multiplied by the maximum weight for this criteria (10 points) to arrive at a cost score.

<b>Example:</b>	$\frac{\text{Lowest Unit Cost Proposed}}{\text{Proposed Unit Cost}}$	X	Total Points =	Cost
			for Cost	Score

The application of the above formula will result in a uniform assignment of points relative to the criterion of cost [Up to 10 points].

The pricing formula is used as part of the evaluation process to determine the highest ranked proposer. The County reserves the right to negotiate the final terms, conditions and pricing of the contract as may be in the best interest of the County.

- Proposing organization's financial capability to undertake the proposed scope of work on a reimbursement basis [**Up to 5 points**];
- Proposing organization's plan for using Ryan White Title I dollars as the funding source of last resort (is the plan workable or not?); the organization has demonstrated the ability to use sliding fee scales, co-payments, alternative public funding streams, and/or private insurance [**Up to 5 points**];

- Proposing organization's ability to meet Ryan White Title I fiscal and administrative reporting requirements **[Up to 5 points]**.

**C. Quality of Service Delivery (20 points):**

- Proposing organization's ability to identify and address a significant gap in existing funded services for people with HIV/AIDS, including service gaps among particular racial/ethnic groups **[Up to 5 points]**;
- Proposed services are well planned and detailed and address the requirements included in Section 2.0, Scope of Services **[Up to 5 points]**;
- Proposing organization's documentation of working referral relations and linkage agreements with Ryan White Title I and non-Ryan White Title I providers **[Up to 5 points]**;
- Proposing organization's mechanism for reviewing the quality of client care, to detect exceptions, and to ensure remedy of service delivery problems; proposing organization's policy regarding compassionate, courteous, culturally sensitive and non-judgmental service toward their clients with HIV/AIDS; proposing organization's plan for the integration of services funded under Ryan White Title I with other non-Ryan White services offered within the agency **[Up to 5 points]**.

**D. Barriers to Utilization (30 points):**

- Provision of services with regards to high need areas, traditionally underserved areas, or high need populations (i.e., specific racial/ethnic groups) **[Up to 10 points]**;
- Proposing organization's ability to ensure that persons with HIV/AIDS play a role in delivering services or making decisions within the organization **[Up to 5 points]**;
- Proposing organization's provisions for clients who are disabled or who have problems with transportation **[Up to 5 points]**;
- Proposing organization's cultural sensitivity as demonstrated by its

willingness and ability to accommodate clients of different languages, racial and ethnic groups, and other special populations **[Up to 5 points]**; and

- Proposing organization's grievance process **[Up to 5 points]**.

**E. Compliance with RFP (5 points):**

- Proposal's inclusion of all required elements without significant omissions or inconsistencies, following the required format, and its conciseness **[Up to 5 points]**.

**4.2 LOCAL PREFERENCE**

Local Preference may be taken into consideration in accordance with Section 1.22, "Local Preference." If following the completion of final rankings by the Evaluation/Selection Committee, a non-local Proposer is the highest ranked responsive and responsible Proposer, and the ranking of a responsive and responsible local Proposer is within 5% of the ranking obtained by the non-local Proposer, then the highest ranked local Proposer shall have the opportunity to proceed to negotiations with the County.

**4.3 CONTRACT AWARD**

**All Proposers will be notified in writing when the County Manager or designee makes an award recommendation.** The Contract award(s), if any, shall be made to the Proposer(s) whose proposal(s) shall be deemed by the Board of County Commissioners to be in the best interest of the County. The Board of County Commissioners' decision of whether to make the award(s) and which proposal(s) are in the best interest of the County shall be final.

## **SECTION 5.0 GENERAL PROVISIONS**

### **5.1 CONTRACT TERM AND RENEWAL**

The initial term of the contract to be awarded shall commence no later than sixty (60) days after July 27, 2004, the anticipated date of approval by the Board of County Commissioners, and continuing through February 28, 2005. The contract shall automatically renew on a year-to-year basis at the end of each term for a one year term, not to exceed five years from the end of the initial contract term, with the approval of both parties, and upon execution of a renewal agreement containing the same terms and conditions except for necessary adjustments to the maximum amounts payable.

### **5.2 NUMBER OF GRANTS TO BE AWARDED**

It is anticipated that the County will enter into more than one agreement as a result of this RFP.

### **5.3 RIGHT TO INSPECT**

The successful Proposer(s)' books and records, as they relate to the contracts to be awarded, **MUST** be made available for inspection and/or audit by the County, HRSA, and any organization conducting reviews on behalf of the Miami-Dade HIV/AIDS Partnership without notice. In addition, all records pertaining to the contracts **MUST** be retained in proper order by the successful Proposers for **at least five (5)** years following the expiration of the agreements.

### **5.4 ASSIGNMENT**

The successful Proposer(s) shall not enter into any subcontracts, retain consultants, or assign, transfer, convey, sublet, or otherwise dispose of the ensuing contracts, or any or all of its rights, title or interest herein, or its power to execute such contracts to any person, company or corporation without the prior written consent of the County.

### **5.5 CANCELLATION**

Either the successful Proposer(s) or the County may cancel the ensuing contracts without stated cause at any time by giving **ninety (90) days prior written notice** via registered mail/return receipt requested.

## **5.6 TERMINATION**

If the successful Proposer(s) shall fail to fulfill, in a timely manner, the obligations under the Ryan White Title I Agreement, or shall violate any of the covenants, agreements, stipulations, representations or warranties hereof, the County shall have the right to terminate the Agreement or reduce service by giving at least thirty (30) business days prior written notice to the successful Proposer(s) of such intent to terminate or reduce service.

## **5.7 PERSONNEL**

In submitting their proposals, Proposers are representing that the personnel described in their proposals shall be available to perform the service described, barring illness, accident, or other unforeseeable events of a similar nature in which cases the successful Proposer(s) **MUST** be able to provide a qualified replacement. All replacements **MUST** be approved by the County prior to providing services. Furthermore, all personnel shall be considered to be, at all times, the sole employees of the service provider under its sole direction, and not employees or agents of the County.

## **5.8 INDEMNIFICATION**

The successful Proposer(s) shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Proposer(s) or its employees, agents, servants, partners principals or subcontractors. The successful Proposer(s) shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon.

The successful Proposer(s) expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the Proposer(s) shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

## 5.9 **INSURANCE**

The successful Proposer(s) shall furnish to Miami-Dade County General Services Administration, c/o Risk Management Division, 111 N.W. 1st Street, Suite 2340, Miami, Florida 33128-1989, Certificate(s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- A. Worker's Compensation Insurance for all employees of the provider as required by Florida Statute 440.
- B. Public Liability Insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit per occurrence for bodily injury and property damage. Miami-Dade County must be shown as an additional insured with respect to this coverage.
- C. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$300,000\* combined single limit per occurrence for bodily injury and property damage.

\* Note: For providers supplying vans or mini-busses with seating capacities of 15 passengers or more, the limit of liability required for Auto Liability is \$500,000.

- D. Professional Liability Insurance in the name of the provider in an amount not less than \$250,000 with the deductible per claim, if any, not to exceed 10% of the limit of the liability.
- E. All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:
  - 1) The company must be rated no less than "B" as to management, and no less than "Class V" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent subject to the approval of Miami-Dade County's Risk Management Division.

or,
  - 2) The company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approved to Do Business in Florida", issued by the State of Florida Department of Insurance and must be a member of the Florida Guaranty Fund.
- G. Certificates **MUST** indicate that no modification or change in insurance shall be

made without thirty (30) days written advance notice to the certificate holder.

- H. Compliance with the foregoing requirements **shall not** relieve the provider of its liability and obligations under this section or under any other section of the Agreement.

The provider **MUST** notify the County of any intended changes in insurance coverage, including any renewals of existing policies.

**5.10 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

To successful Proposer (s) shall comply with the requirements set forth in Section 381.004 of the Florida Statutes, as amended, which governs the confidentiality of medical records related to a patients/clients HIV status. Notwithstanding these obligations, where State laws do not prevail, the Proposer further agrees to comply with the requirements set forth in HIPPA. Any person or entity that performs or assists Miami-Dade County with a function or activity involving the use or disclosure of “Individually Identifiable Health Information (IIHI) and/or Protected Health Information (PHI) shall comply with the HIPAA and the Miami-Dade County Privacy Standards Administrative Order. HIPAA mandates for privacy, security and electronic transfer standards that include but are not limited to:

- (1) Use of information only for performing services required under this Agreement or as required by law;
- (2) Use of appropriate safeguards to prevent non-permitted disclosures;
- (3) Reporting to Miami-Dade County of any non-permitted use or disclosure;
- (4) Assurances that any agents and subcontractors agree to the same restrictions and conditions that apply to the Proposer and reasonable assurances that IIHI/PHI will be held confidential;
- (5) Making PHI available to the client;
- (6) Making PHI available to the client for review and amendment; and incorporating any amendments requested by the client;
- (7) Making PHI available to Miami-Dade County, the United States Department of

Health and Human Services, the United States Comptroller General, and/or the United States Office of the Inspector General for an accounting of disclosures; and

- (8) Making internal practices, books and records related to PHI available to Miami-Dade County, the United States Department of Health and Human Services, the United States Comptroller General, and/or the United States Office of the Inspector General for compliance audits.

PHI shall maintain its protected status regardless of the form and method of transmission (paper records, and/or electronic transfer of data). The proposing organization must give its clients written notice of its privacy information practices, including specifically, a description of the types of uses and disclosures that would be made with Protected Health Information and must post and distribute to Title I service recipients the COUNTY's Notice of Privacy Practices (**Attachment 31**).

#### **5.11 NEPOTISM**

No relative of any officer, board of director, manager, or supervisor shall be employed by the Proposer unless the employment preceded the execution of the Ryan White Title I Agreement by one year. No family member of any employee may be employed by the Proposer if the family member is to be employed in a direct supervisory and/or administrative relationship either supervisory or subordinate to the employee. The assignment of family members in the same organizational unit shall be discouraged. A conflict of interest in employment arises whenever an individual would otherwise have the responsibility to make, or participate actively in making decisions or recommendations relating to the employment status of another individual if the two individuals (herein sometimes called "related individuals") have one of the following relationships:

- (1) By blood or adoption: Parent, child, sibling, first cousin, uncle, aunt, nephew, or niece;
- (2) By marriage: Current or former spouse, brother- or sister-in-law, father- or mother-in-law, son- or daughter-in-law, step-parent, or step-child; or
- (3) Other relationship: A current or former relationship, occurring outside the work setting, that would make it difficult for the individual with the responsibility to make a decision or recommendation to be objective, or that would create the appearance that such individual could not be objective. Examples include, but are not limited to, personal relationships and significant business relationships.

For purposes of this section, decisions or recommendations related to employment status include decisions related to hiring, salary, working conditions, working responsibilities,



evaluation, promotion, and termination.

An individual, however, is not deemed to make or actively participate in making decisions or recommendations if that individual's participation is limited to routine approvals and the individual plays no role involving the exercise of any discretion in the decision-making processes. If any question arises whether an individual's participation is greater than is permitted by this paragraph, the matter shall be immediately referred to the Miami-Dade County Commission on Ethics and Public Trust.

This section applies to both full-time and part-time employees and voting members of the Proposer's Board of Directors.

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## **SECTION 6.0 SPECIAL TERMS AND CONDITIONS**

### **6.1 LEVEL OF EFFORT AND FUNDING**

It should be clearly understood, that the services requested in this RFP are on an "as needed basis" and that the dollar values referred to in this RFP in no way constitute a guarantee of the level of effort that may be requested of the successful Proposer(s) or a guaranteed payment of the maximum amount payable.

### **6.2 CONTRACTING PROCESS**

The successful Proposer(s) will be required to submit all documents necessary for contract development (i.e., revised budget and justification, revised price form, scope of service, vendor application, insurance certificates, affidavits, work plan, etc.) within two weeks from receipt of written notice of contract award from the County.

### **6.3 PROGRAM IMPLEMENTATION AND WORK PLAN**

Proposer(s) are required to submit a detailed work plan for each funded service/program that reflects a service start target date of no more than fifteen (15) days after receipt of written notice of contract award. Providers are required to inform the County, in writing, of any proposed deviation from the approved work plan. The successful Proposer(s) will also be required to obtain written approval from the County for any revisions to the approved work plan (**Attachment 28**).

### **6.4. FUNDING RESTRICTIONS**

1. Proposers agree that funds received under the agreement shall be utilized to supplement, not supplant, state and local HIV/AIDS related funding or in-kind resources made available in the year for which this agreement is awarded to provide HIV/AIDS related services to persons living with HIV/AIDS. In addition, Proposers must agree to make all necessary efforts to ensure that clients are appropriately screened for eligibility under all other pertinent benefits programs.
2. Funds shall not be used to:
  - a. Make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by a third party payor, with respect to that item or service:

- 1) Under any state compensation program, insurance policy, or any Federal or State health benefits program; or
  - 2) By an entity that provides health services on a prepaid basis.
- b. Purchase or improve land, or to purchase, construct or make permanent improvement to any building.
  - c. Make direct payments to recipients of services.
3. Proposers agree that all equipment and products purchased with grant funds should be American-made.

## **6.5 REIMBURSEMENT**

The service provider **MUST** invoice Miami-Dade County for the service for which a contract has been awarded, on a monthly basis, on or before the twentieth day of each month following the month in which the service was rendered, unless the COUNTY has granted the service provider an extension in writing. Reimbursement shall be on the basis of unit cost or line item budget, where applicable. It is anticipated that the County will reimburse providers within four (4) to six (6) weeks from receipt of complete and error free invoices.

Failure to submit monthly reimbursement requests in a manner deemed correct and acceptable by the County, by the twentieth day of each month following the month in which the service was delivered, shall deem the service provider in non-compliance with this covenant (unless an extension was granted) and, at the option of the County, the provider will forfeit its claim to any reimbursements for that specific month's reimbursement request, or the County may invoke the termination provision in the ensuing contract by giving five (5) days written notice of such action to be taken.

Any payment due to the provider may be withheld pending receipt and approval by the County of all reports and documents due from the service provider.

## **6.6 AWARD / BUDGET REDUCTION**

If the department designated by the County Manager to administer the grant determines, based on average monthly reimbursements, that a service provider is not spending at a rate that indicates it will expend its full allocation within the contract period, the dollar amount awarded to the service provider will be reduced accordingly. The County will notify the provider, in writing, of any reductions made to existing budgets. Monthly expenditure

reports will be distributed to the Miami-Dade HIV/AIDS Partnership and the Board of County Commissioners throughout the contract period. These reports will reflect actual reimbursement figures only.

#### **6.7 CERTIFICATE OF STATUS**

The successful Proposer **MUST** submit to Miami-Dade County, within thirty (30) days of contract execution, a Certificate of Status in the name of the service provider, which certifies the following: that the provider is organized under the laws of the State of Florida, the filing date, that all fees and penalties have been paid, that the service provider's most recent annual report has been filed, that its status is active, and that the provider has not filed Articles of Dissolution.

#### **6.8 AUDIT**

The successful Proposer **MUST** provide Miami-Dade County a complete copy of its annual, agency wide, audit reports performed by independent auditors covering each of the successful Proposer's fiscal years for which Ryan White Title I funds are awarded. Audits of government entities must comply with OMB Circular A-128, audits of non-profit organizations, non-government entities, hospitals, and institutions of higher education must comply with OMB Circular A-133, audits of for-profit organizations must comply with OMB Circular A-133 in combination with 48CFR, Subpart 31.

#### **6.9 ELIGIBILITY DOCUMENTATION**

Clients **MUST** be documented as being permanent residents of Miami-Dade County, as being HIV+ or as having AIDS and as being financially eligible. Copies of this documentation are to be kept on-site, in the client's file, by the provider.

**Acceptable Proof of Medical Eligibility:** Lab test result, a copy of a confirmed positive OraSure test, a note on physician's letterhead that is specific to the client's HIV status and is signed by a doctor, a diagnosis by a physician as reflected in the client's medical records, a positive HIV viral culture or test result, a detectable HIV viral load or viral resistance test, or a Ryan White Title I Certified Referral Form from a Title I funded service provider indicating the type of documentation that is maintained on file at the referring agency, and signature of the individual making the referral.

**Acceptable Proof of Financial Eligibility:** Client's pay stub, pay stub of a supplemental income check, copy of a complete W-2 form, copy of an income tax return, a letter from Medicaid office indicating the client's employment disability status, a copy of the client's

Medicaid card if income level is indicated, a copy of completed Department of Health public assistance eligibility forms, a copy of SSI card if income level is indicated, a letter from the Social Security Income Office indicating the client's income level, or a certified referral form from a Title I funded provider which must include the name of the referring agency, type of proof of income status kept on file by the referring agency, and signature of the individual making the referral. In isolated instances when the client is not able to provide any of the above-mentioned documents, a letter from the head of the household indicating income, a letter from the client's employer, or a signed disclosure from the client will be accepted.

**Acceptable Proof of Permanent Residency (in Miami-Dade County):** a copy of the client's State of Florida driver's license; State of Florida Identification Card; rental lease, mortgage or rent receipts in the name of the client indicating a physical living address in Miami-Dade County; Declaration of Residence as issued by the Miami-Dade County Courthouse; Miami-Dade County utility bills in the client's name; or a Ryan White Title I Certified Referral Form from a Title I funded service provider indicating the type of documentation that is maintained on file at the referral site, will be accepted.

#### **6.10 RECEIPT FOR SERVICE**

The service provider **MUST** issue each client a receipt for services provided and **MUST** request the client's signature. This receipt **MUST** include the definition of the unit of service or procedure rendered, the unit/procedure cost, the number of units provided, and total charges for the service. A copy of the receipt, signed by the client, **MUST** be kept in the client's file. The service provider may choose to maintain a detailed log wherein the client will sign attesting to the services received. In such case, the client must also be given the option to request a copy of a receipt for said services.

#### **6.11 RECORDS TRANSFER**

The service provider **MUST** make available client records, as permissible by law, within **ten (10) working days** from the receipt of a written request or consent from the client.

#### **6.12 REPORTS**

The service provider **MUST** submit any and all reports to the County for the service, for which a contract has been awarded, by the date(s) and time(s) to be specified at a later date. These reports will include, but are not limited to the following:

- A. Monthly reimbursement requests - service utilization reports (**Attachment 25**);

- B. Client level intake information (**Attachment 26**);
- C. Ryan White C.A.R.E. Act Data Report - agency level information (**Attachment 27**);
- D. Work plan(s) and deviation notices (**Attachment 28**); and
- E. Special requests for additional information, as necessary, to comply with Federal and County requirements.

All reports are subject to on-site verification and audit of provider records. Failure to submit any and all reports in a manner deemed acceptable by the County, by the date(s) and time(s) to be specified, shall deem the Provider in non-compliance with this covenant and the County will invoke the termination provision in the ensuing contract by giving thirty (30) business days written notice of such action to be taken.

#### **6.13 PROGRAM EVALUATION**

Proposers also agree to participate in evaluation studies sponsored by the U.S. Health Resources and Services Administration (HRSA) and/or analysis carried out by or on behalf of the Miami-Dade HIV/AIDS Partnership to evaluate the effect of client service activities, or on the appropriateness and quality of services. This participation shall, at a minimum, include permitting right of access of staff involved in such efforts to the Proposer's premises and records. Furthermore, the Proposer(s) agree to participate in ongoing meetings or task forces aimed to increase, enhance and maintain coordination and collaboration among HIV/AIDS related health and support service providers.

#### **6.14 SERVICE PROVIDER'S INTERNAL GRIEVANCE PROCEDURE**

The service provider **MUST** establish internal grievance procedures and cooperate with the Miami-Dade HIV/AIDS Partnership and the County, in addressing all complaints and/or problems identified by clients and/or other care providers. The provider's internal grievance procedure **MUST** include, at a minimum, the following: provider's written response to the grievant; a meeting with the organization's Executive Director, board member, or their designee; and a timeline for addressing grievances.

#### **6.15 MIAMI-DADE HIV/AIDS PARTNERSHIP NOTICES**

The service provider is required to post notices, in a timely manner, provided by the County regarding Miami-Dade HIV/AIDS Partnership and Miami-Dade County activities.

#### **6.16 LICENSES**

All licensed professionals, including those of any subcontractor, are required to have appropriate training and experience in the field in which they practice and to abide by all applicable State and Federal laws and regulations and ethical standards consistent with those established for their profession and to possess all required State of Florida licenses, as well as Miami-Dade County Occupational license(s). The provider is required to notify the County of any changes in licensure, including but not limited to the failure to maintain the required State of Florida licenses as a result of termination, suspension or revocation, within twenty (20) days from the date said incident occurs.

#### **6.17 ASSIGNMENT**

The provider must agree to assign any proceeds to the County from any contract, including this agreement, between the County, its agencies or instrumentalities and the provider or any firm, corporation, partnership or joint venture in which the provider has a controlling financial interest in order to secure repayment of any loan made to the provider under this or any other agreement for which the County discovers through its inspection, review and/or audit was not reimbursable. "Controlling interest" shall mean ownership, directly or indirectly to ten percent or more of the outstanding capital stock in any corporation or a direct or indirect interest of ten percent or more in a firm, partnership or other business entity.

#### **6.18 RECAPTURE OF FUNDS**

The County retains the right to recapture any funds disbursed to the provider to which the provider was not entitled. Upon written notice to the provider, the County shall have the right to withhold any payments under this agreement or seek reimbursement directly from the provider. Upon withholding or seeking reimbursement from the provider, the County has the right to retain said funds.

**6.19 DAMAGES**

The provider shall be liable to the County for damages sustained by the County by virtue of any breach of the contract or any other agreement by the provider, and the County may withhold any payments due to the provider until such time as the exact amount of damages due to the County from the provider is determined and properly settled.

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## **SECTION 7.0 ATTACHMENTS**

**PROPOSAL SUBMISSION CHECKLIST**  
**HEALTH AND SUPPORT SERVICES FOR PERSONS WITH HIV SPECTRUM**  
**DISEASE**  
**(RFP No. RW1401)**

<input type="checkbox"/>	<b>SECTIONS OF THE PROPOSAL</b>		<b>ATTACHMENT/ APPENDIX</b>
A		Proposal Title Page	Attachment 2
B		Table of Contents	-
C		Minimum Qualification Requirements	-
D		Service Abstract (complete this section once for each proposed service)	-
E		Service Experience (complete this section once)	-
	E1	Organizational History and Corporate/Tax Status	Appendix 1
	E2	Staff's Experience Providing Services to HIV/AIDS Clients	-
	E3, 4	Organization's Medicaid Experience and Medicaid Eligible Client Load	-
	E5	Organization's Capability to Respond to Special Client Groups	-
	E6	Organization's Client Orientation Process	-
	E7	Organization's Client Screening Process	-
	E8	Organization's Referral Process & Referral Agreements	Appendix 2
	E9	Organization's Policies Regarding Initiation and Update of Client Files	-
	E10	Organization's Data Collection and Reporting Activities	Attachments 25-27
	E11	Certified Financial Audit Report	Appendix 3
	E12	Organization's Confidentiality Policies & Procedures	
	E13	Organization's Quality Assurance Policies & Procedures, Including Training Curriculum	Include as an Appendix if Applicable (Provide Appendix #)
	E14	Organization's Customer Service Policies & Procedures	-
	E15	Organization's Grievance Policies & Procedures	Appendix 4

□	SECTIONS OF THE PROPOSAL	ATTACHMENT/ APPENDIX
	E16 Involvement of Persons Living with HIV/AIDS in the Organization's Decision Making Process	-
	E17 Compliance with Ryan White Title I System-wide Standards of Care	Attachment 23
	E18 Organization's Non-Discrimination Policy Statement	-
	E19 List of Board of Directors, Officers of the Organization, and Advisory Council Members and Ethnic Breakdown of Board and Staff (Professional or Volunteer)	Appendix 5
	E20 Description of Prior or Pending Litigation	-
F	Proposed Service *	
	F1 Organization's <u>Past</u> Experience in Providing Proposed Service	-
	F2 Organization's <u>Current</u> Experience in Providing Proposed Service & Funding Source Summary Form	Attachment 29
	F3 Level of Need/Demand for Proposed Service	-
	F4 Description of Service Expansion and/or Modification and Information Regarding For-Profit Organizations	Attachments 1 and 1a
	F5 Description of Proposed Service	-
	F6 Organization's Policies Regarding Quality of Care in the Provision of the Proposed Service and Services to HIV/AIDS Clients	-
	F7 Organization's Intake Process	-
	F8 Schedule of Services, Service Locations, Number of Clients to be Served, Number of Service Units to be Provided	-
	F9 Organization's Policies and Procedures for Maintaining and Tracking Separate Prescription Drugs Inventory. Organization's Policies and Procedures for Purchasing, Receiving, Storing, and Distributing Prescription Drugs. Organization's Eligibility to Purchase Drugs at PHS Pricing under the Federal 340B Program	-
	F10-11 Organization and Staff Licenses	Appendix 6
	F12 Resumes & Job Descriptions	Appendix 7
	F13 Work Plan Form	Attachment 28

<input type="checkbox"/>	SECTIONS OF THE PROPOSAL		ATTACHMENT/ APPENDIX
G		Line Item Budget & Price Forms *	-
	G1	Detailed Line Item Budget with Narrative Justification and, if applicable, Unit Cost Calculations	Attachments 15 -16
	G2	Price Forms	Attachments 20-20c and 21-22b
H		Required Affidavits/Acknowledgments	-
	H1	Acknowledgment of Addenda	Attachment 3
	H2	Miami-Dade County Lobbyists Registration for Oral Presentation	Attachment 4
	H3	Affidavit that Miami-Dade County Taxes, Fees and Parking Tickets Have Been Paid	Attachment 11
	H4	Disability Nondiscrimination Affidavit	Attachment 14
	H5	Local Business Preference	Attachment 6
	H6a	Subcontractor/Supplier Form	Attachment 7
	H6b	Fair Subcontracting Policies	Attachment 8
	H7a	Affirmative Action Plan/Procurement Policy Affidavit	Attachment 9
	H7b	Affirmative Action Plan Exemption Affidavit	Attachment 10
	H8	Code of Business Ethics	Attachment 12
	H9	Disclosure of Criminal Record (Submit prior to entering into a contract with the County, and only if applicable)	
	H10	Domestic Violence Leave Affidavit (Submit only if applicable)	Attachment 13

**\* Complete this section once for each proposed service.**